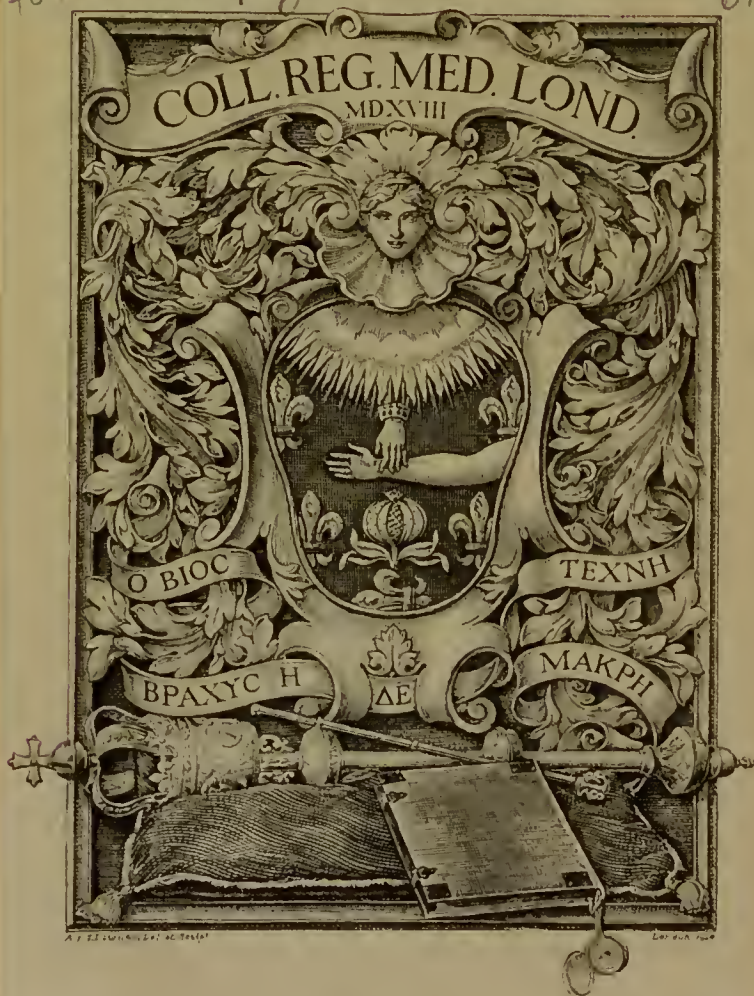


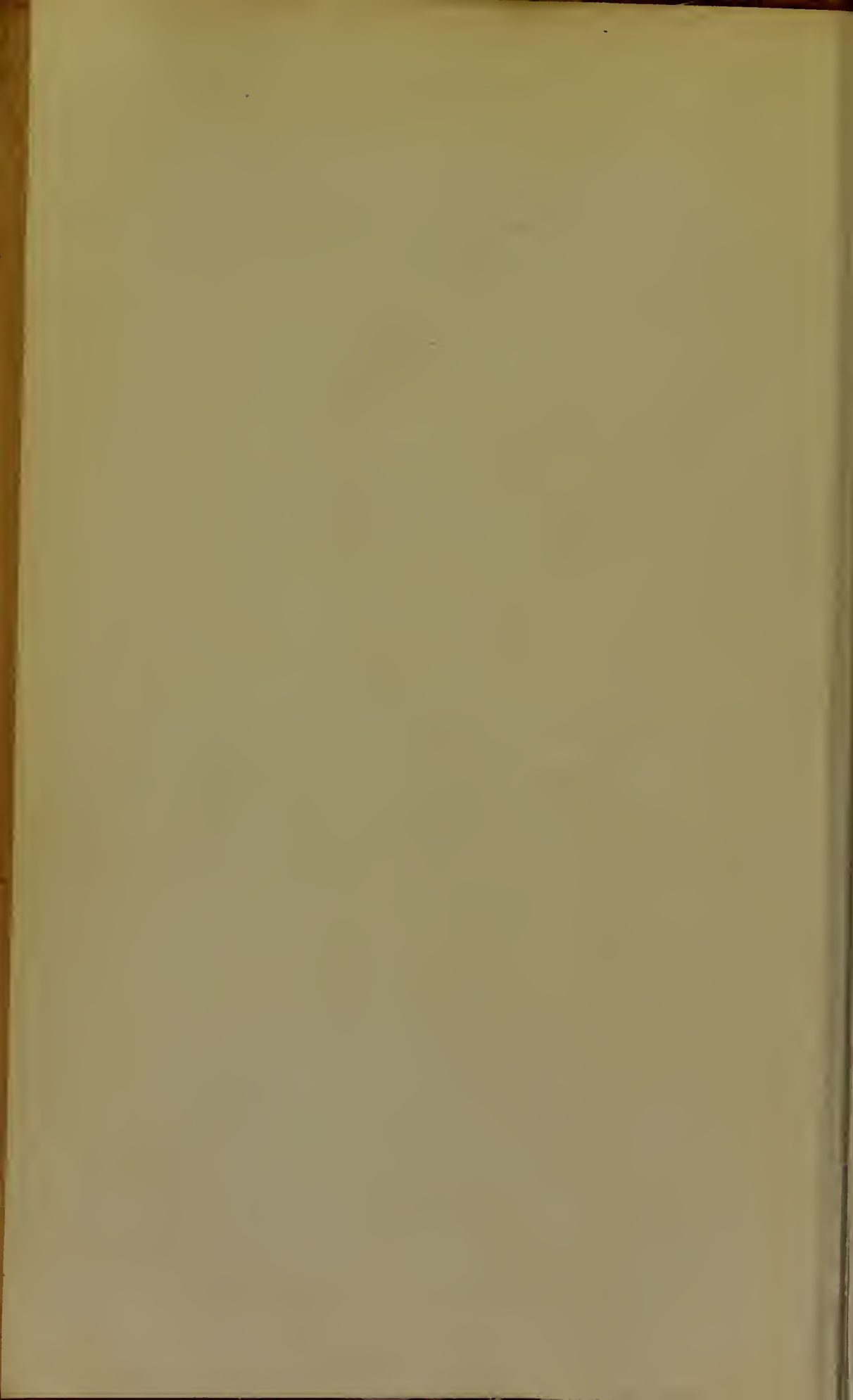
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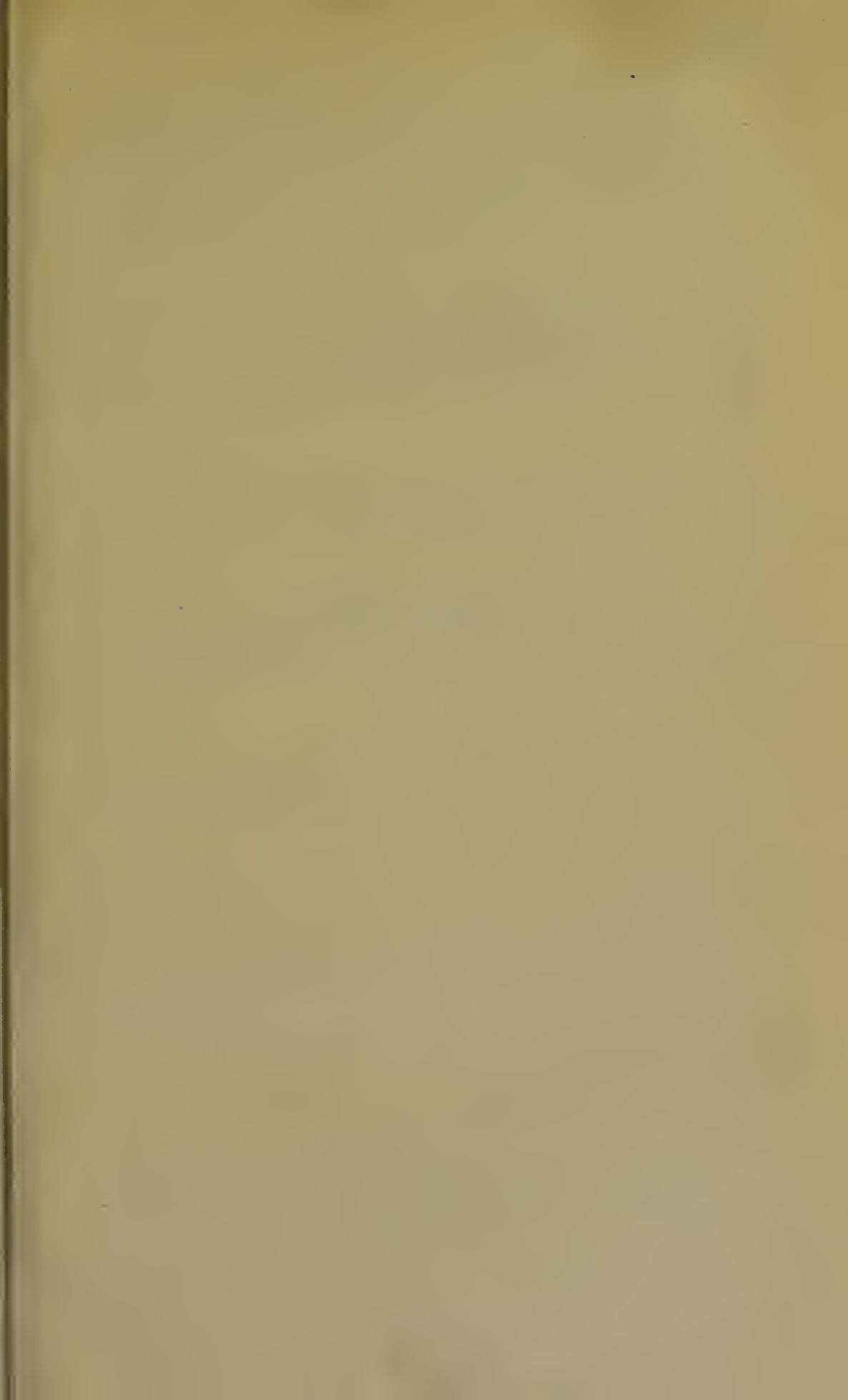
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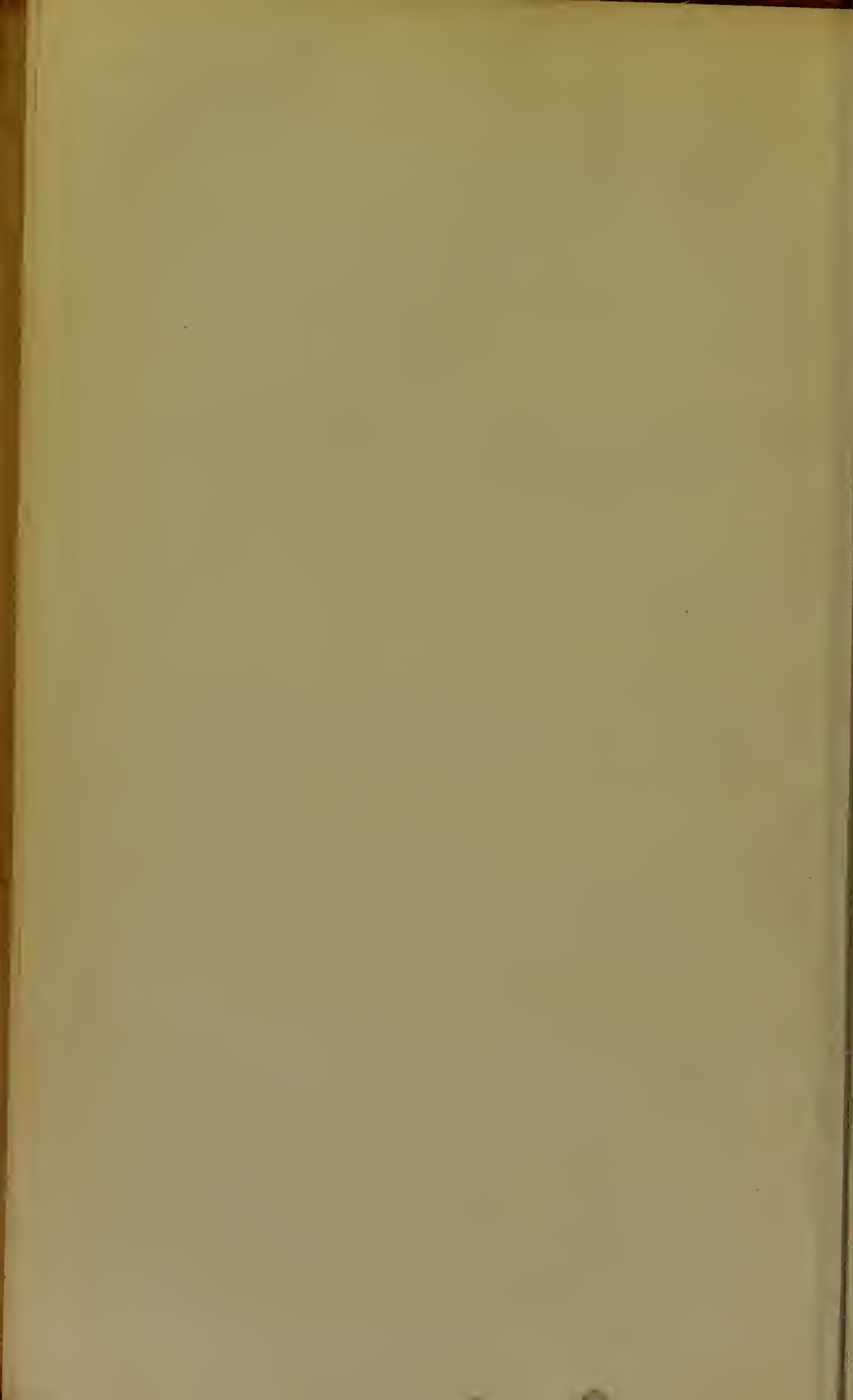
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THE

STUDY OF MEDICINE.

BY JOHN MASON GOOD,

M.D. F.R.S. F.R.S.L.

MEM. AM. PHIL. SOC. AND F.L.S. OF PHILADELPHIA.

IMPROVED FROM THE AUTHOR'S MANUSCRIPTS,
AND BY REFERENCE TO THE LATEST ADVANCES IN PHYSIOLOGY,
PATHOLOGY, AND PRACTICE.

Fourth Edition,

BY

SAMUEL COOPER,

PROFESSOR OF SURGERY IN THE UNIVERSITY OF LONDON;
SURGEON TO THE NORTH LONDON HOSPITAL, BLOOMSBURY DISPENSARY
MARSHALSEA OF THE KING'S BENCH, ETC.

VOL. III.

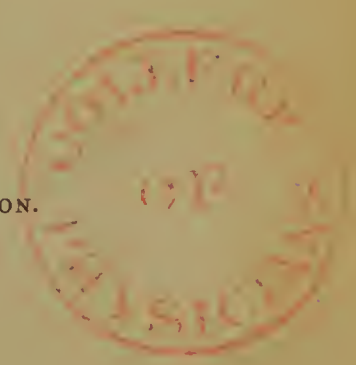
DISEASES OF THE NERVOUS FUNCTION.

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CLASS IV.

CLASS IV.
NEUROTICA.

DISEASES OF THE NERVOUS FUNCTION.

ORDER I.

PHRENICA.

AFFECTING THE INTELLECT.

II.

ÆSTHETICA.

AFFECTING THE SENSATION.

III.

CINETICA.

AFFECTING THE MUSCLES.

IV.

SYSTATICA.

AFFECTING SEVERAL OR ALL THE SENSORIAL
POWERS SIMULTANEOUSLY.

CLASS IV.

PHYSIOLOGICAL PROEM.

THE numerous and complicated train of diseases, we are now entering upon, appertains to the highest function of visible beings: the possession of which emphatically distinguishes animals from plants, and the perfection of which as emphatically distinguishes man from all other animals: these are the diseases of the NERVOUS FUNCTION;—which, in the sphere of its activity, embraces the powers of intellect, sensation, and muscular motion. Each of these powers evinces diseases of its own, and will consequently lay a foundation for a distinct order, under the class before us. While, as there are also other diseases that affect several of them simultaneously, we become furnished with a fourth order, which will complete the series.

All these diversities of vital energy are now well known to be dependent on the organ of the brain*, as the instrument of the intellectual powers, and the source of the sensific and motory. Though, from the close connection and synchronous action of various other organs with the brain, and especially the thoracic and abdominal viscera, such diversities were often referred to several of the latter in earlier ages, and before anatomy had traced them satisfactorily to the brain as their fountain-head. And of so high an antiquity is this erroneous hypothesis, that it has not only spread itself through every climate on the globe, but still keeps a hold on the colloquial language of every people; and hence the heart, the liver, the spleen, the reins, and the bowels, generally, are, among all nations, regarded, either literally or figuratively, as so many seats of mental faculties or moral feeling. We trace this common and popular creed among the Hebrews and Arabians, the Egyptians and Persians, the Greeks and Romans; among every savage, as well as every civilised tribe; nor is there a dialect of the present day that is free from it: and we have hence an incontrovertible proof, that it existed as a doctrine of general

CLASS IV.
The nervous
function the
highest of
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embracing the
powers of in-
tellect, sensa-
tion, and mus-
cular motion.

All dependent
on the organ of
the brain:

though formerly
ascribed to
other viscera.

This ancient
error still tinctures
popular
language.

* Perhaps, instead of the expression "organ of the brain," it would be more correct to say "nervous system;" for it is not every animal that has a brain, and certain functions of the nerves, even in the human subject, seem to be independent of this organ. "A nervous system appears essentially composed of two parts: of a central organ, consisting of two chords; one corresponding with either half of the body, upon which nodular masses are generally placed; and secondly, of other chords, called nerves, derived from the central organ to the sentient surfaces, or contractile parts of the animal. In the star-fish, a radiated animal, the central organ consists of a ring of white nervous matter, which surrounds the orifice of the stomach, and gives off opposite to the centre of each ray nerves for its supply." See Mayo's *Outlines of Physiology*, p. 252. 2d edit. 1828. — ED.

CLASS IV.

Corrected by
the study of
anatomy.

belief at a time when mankind, few in number, formed a common family, and were regulated by common notions.

The study of anatomy, however, has corrected the loose and confused ideas of mankind upon this subject; and while it distinctly shows us, that many of the organs, popularly referred to as the seat of sensation, do and must, from the peculiarity of their nervous connection with the brain, necessarily participate in the feelings and faculties thus generally ascribed to them, it also demonstrates, that the primary source of these attributes, the quarter in which they originate, or which chiefly influences them, is the brain itself.

We are speaking, however, of man and the higher classes of animals alone; for, as the scale in animal life descends, the organ of a brain is perpetually diminishing in its bulk, till at length it totally disappears, and its place is supplied by other fabrications, as we shall have occasion to observe in the sequel of this introduction: which will lead us to take a brief notice of the following subjects:—

I. THE GENERAL NATURE OF THE BRAIN, ITS RAMIFICATIONS AND SUBSTITUTES.

II. THE PRINCIPLE OF SENSATION AND MOTION.

III. THE INTELLECTUAL PRINCIPLE.

Natural figure
and division of
the brain.

I. Nature of
the brain, its
ramifications
and substitutes.

I. In man, and those animals whose encephalon approaches the nearest to his in form, the brain is of an oval figure, surrounded by various membranes of different firmness and density, and consists of three principal divisions; the cerebrum, or brain, properly so called, the cerebel, or little brain, and the oblongated marrow. The first forms the largest and uppermost part; the second lies below and behind; the third lies level with the second and in front of it; it appears to issue equally out of the two other parts, and in turn to give birth to the spinal marrow; which may hence be regarded as a continuation of the brain communicating with its different parts by the aid of numerous commissures, the *querbänder* of the German writers, and extended through the whole chain of the back-bone. They are similarly accompanied with a cineritious, or ash-coloured substance, which forms the exterior of the three first divisions, but the interior of the spinal marrow, and appears to derive its hue from the great number of minute vessels that appertain to it.

It is still, however, a contested opinion, as it was among the Greek physiologists, whether the brain or the spinal marrow be the parent organ. Vesalius, Fallopius, Winslow, Haller, and Portal concur with Galen, in regarding the spinal marrow as an appendix of the brain. Malpighi, Reil, Tiedemann, and Gall contend, on the contrary, as Plato and Praxagoras contended formerly, that the brain is an efflorescence of the spinal marrow, which takes the lead in the process of organisation; while M. de Serres has still more lately thrown out a third hypothesis, and derived, not only each of these organs from a different source, but even the cerebellum as well: the spinal marrow issuing from the intercostal arteries, the cerebellum from the vertebral, and the proper brain

from the carotids. Time alone, and more minute examination, must settle these discrepancies.*

According to Mr. Bauer's very delicate microscopic experiments, when the substance of the brain is made a subject of examination immediately after death, "abundance of fibres," to adopt the words of Sir Everard Home in relating these experiments, "are met with in every part of it; indeed, it appears, that the whole mass is a tissue of fibres, which seem to consist entirely of an accumulation of globules, whose union is of so delicate a nature, that the slightest touch, even the mere immersion in water, deranges and reduces them to that mass of globules, of which the brain appears to be composed, when examined with less accuracy, or under less favourable circumstances." Mr. Bauer found, that the globules of the brain, as well as those of pus, are exactly of the same size as those of the blood when deprived of their colouring matter.† And hence the doctrine of Prochaska‡, and the Wenzels§, respecting the globular form of the ultimate particles of the brain, seems sufficiently confirmed.||

[When we cut into the interior of the brain, we find it to be composed of two substances, which differ in their colour and consistence, and are named the *cortical* or *cineritious*, and the *medullary*. The cortical, as its name imports, is on the outside, and is of a reddish brown colour; and is softer than the medullary, and considerably more vascular. The medullary matter is, both from its aspect and relative position, generally considered as constituting the nervous substance in its most perfect state; and Gall and Spurzheim conjecture, that the use of the cineritious is to form or secrete the medullary part.¶ The particular facts, says Dr. Bostock, from which they derive their hypothesis, are, that the nerves appear to be enlarged when they pass through a mass of cineritious matter, and that masses of this substance are deposited on all the parts of the spinal chord, where it sends out nerves. In opposition to the above opinion, however, Professor Tiedemann states, that, in the fœtus, the medulla is formed before the cortex, and he limits the use of the latter to the conveyance of the arterial blood, necessary to support the energy of the perfect nervous matter.**]

Sir Everard Home, from the above-mentioned microscopic disclosures, endeavours to show, that muscular fibres are minute chains, formed by an attachment of one globule of blood to another: and that vascularity in coagula or extravasated blood, or

CLASS IV.
I. Nature of the brain, its ramifications and substitutes.
Substance of the brain according to Bauer's examination with the microscope; and the previous detection of Prochaska, and the Wenzels.

Two substances of the brain.

Muscular fibres what: and how produced.

* Paragraph found amongst the author's MSS. subsequently to the publication of the third edition.

† See Sir Everard Home's Croonian Lecture, Phil. Trans. for 1818.

‡ Op. Min., tom. i. p. 342.

§ De Structurâ Cerebri, p. 24.

|| According to Prochaska, the nervous pulp consists of flocculi, which are composed of globules, about eight times less than the red particles of the blood (Op. Min., p. 342.); and this account, in its essential parts, has been confirmed by the more recent and elaborate investigations of the Wenzels. (De Structurâ Cerebri, p. 24. et seq.) Bauer, whose researches confirm the existence of globules, found them larger and in greater proportion in the medullary, than in the cortical substance. See Phil. Trans. for 1818 and 1821; also Bostock's Physiology, vol. i. p. 234. — ED.

¶ Recherches sur le Système Nerveux, § 2.

** See Anatomie du Cerveau, traduite par Jourdan, p. 128.; Bostock's Elem. System of Physiology, vol. i. p. 223.; Magendie, Physiologie, tom. i. p. 162. &c.

CLASS IV.

I. Nature of the brain, its ramifications and substitutes.

Origin of nerves.

Organs supplied with nerves in various proportions.

General symmetry of the nervous system.

Plexus.

Ganglion.

in granulations produced by pus, is effected by the escape of minute bubbles of carbonic acid gas from the living fluid; which hereby opens a path to a certain extent into the tenacious blood or pus that is extravasated or secreted.

From the lower part of the brain, or, according to the latest researches, rather from the medulla oblongata, and also from the spinal chord, arises a certain number of long, whitish, pulpy strings, or bundles of fibres, capable of being divided and subdivided into minuter bundles of filaments or still smaller fibres, as far as the power of glasses can carry the eye. These strings are denominated nerves; they are enclosed in sheaths of membrane; and, by their various ramifications, convey different kinds or modifications of living power to different parts of the body, keep up a perpetual communication with its remotest organs, and give motivity to the muscles. [The nerves are most copiously distributed to the organs of sense and voluntary motion; the viscera are much more sparingly supplied with them; the glands have still fewer nerves; and some of the membranous parts are sometimes conjectured to be destitute of them. Generally speaking, the nerves, which supply the organs of sense, proceed immediately from the base of the brain, or, rather, from the medulla oblongata; while most of the muscles (but not all) receive their nerves from the spinal chord. As Dr. Bostock has observed, there is more irregularity with respect to the course of the nerves, which go to the viscera; they generally derive their immediate origin from some of the ganglia and plexuses forming part of the great sympathetic nerve, and they are connected with each other in a great variety of ways. The nervous system, viewed as a whole, however, and comprising the brain, spinal chord, and all their ramifications, is in general so symmetrical, that if the body were longitudinally divided into two equal halves, the arrangement of the brain and nerves in each half, would, with the exception of a few deviations from this rule, caused by the situations of particular viscera, precisely correspond.*

In various examples, the fibrils of which adjacent nerves are composed, are reciprocally thrown across from one to the other, forming what is termed a *plexus*. As Mr. Mayo has explained, the nerves which proceed from the further side of a plexus may be more numerous, or fewer, than those which enter it; but the essential result is, that nervous fibrils from different sources are brought together to form new trunks.† A ganglion is a small

* See Bostock's Elementary System of Physiology, vol. i. p. 228.

† In explaining the cause of the complexity of the nerves, Sir Charles Bell remarks, that some degree of irregularity in their distribution must arise from their being compound; but, says he, the principal cause is the necessity of arranging and combining a great many muscles in their different offices. Wherever we trace nerves of motion, we find, that before entering the muscles they interchange branches, and form an intricate mass of nerves, or what is termed a *plexus*. This plexus is intricate in proportion to the number of muscles to be supplied, and the variety of combinations into which the muscles enter, while the filaments of nerves, which go to the skin, regularly diverge to their destination. The nerves on the face and those on the side of the neck form plexuses; but the grand plexuses are near the origins of the nerves of the upper and lower extremities. By the interchange of filaments, the combination among the muscles is formed. See Med. Gaz. for Feb. 1834, p. 777.; also Exposition of the Natural System of the Nerves of the Human Body, 8vo. 1824. — ED.

nodule, usually flattened, of an oval or circular shape, and of a reddish gray colour, which is found either on the trunk of a single nerve, or where two or more branches coalesce. Sir Charles Bell's opinion respecting the ganglions will be presently noticed. Scarpa supposes, that a ganglion is but a bed of gelatinous membrane, in which the smallest fibrils of the nerves are arranged in new combinations. Others believe, that nervous filaments originate in the gray matter of ganglions.*]

CLASS IV.
I. Nature of the brain, its ramifications and substitutes.

As the brain consists of three general divisions, it might, at first sight, be supposed that each of these is allotted to some distinct purpose; as, for example, that of forming the seat of intellect or thinking; the seat of the local senses of sight, sound, taste, and smell, and the seat of general feeling or motivity. The investigations and experiments of Sir Charles Bell, and M. Magendie, to which we shall presently advert, pave the way to some important doctrines in respect to a few of these points, but leave us quite in the dark with respect to various others; and particularly as to the source of intellect; while it is difficult to reconcile even the doctrines which have been thus fairly deduced, with the motific, and even with the sentient powers that must exist in numerous cases of an extensive disorganisation of the brain, and in acephalous animals. The first and second nerves and the portio mollis of the seventh sufficiently attest their exclusive uses as nerves of the special senses; while the distribution of the greater part of the third, of the fourth, and of the sixth nerves† to voluntary muscles, which receive filaments from no other source, prove clearly, that these nerves are voluntary nerves, as well as conducive to muscular sensation. "Perhaps," says Mr. Mayo, "it is not unfair to argue analogically from the preceding instances, that the same surface of the brain or spinal chord furnishes to each voluntary muscle of the body its voluntary and sentient nerves, *if the two are not identical*."‡ There is in like manner reason for believing, that the fifth nerve, which, at its origin, consists of two portions, is not only a nerve, of voluntary motion, but furnishes branches to the special senses, and even communicates general sensation to the muscular fibres; and that its gustatory twig is a nerve of both touch and taste at the same time. §

Reason of the division of the brain into distinct compartments not clearly known.

The same nerve seems at times subservient to different purposes, or different nerves to the same purpose.

* Mayo's Outlines of Physiology, p. 324. 2d edit.

† It is a remark, made by Sir Charles Bell, that the principles and facts unfolded in his views of the nervous system, lead us to understand the "use of all the intricate nerves of the body, with the exception of the sixth. The sixth nerve stands connected with another system of nerves altogether; I mean the system hitherto called the sympathetic, or sometimes the ganglionic system of nerves; and of this system we know so little, that it cannot be matter of surprise if we reason ignorantly of the connection of the sixth with it." Natural System of the Nerves of the Human Body, p. 64. — Ed.

‡ Anatomical and Physiological Commentaries, No. ii. p. 1. 8vo. Lond. 1822.

§ The fact of the same nerve seeming to answer both for motion and sensation, is accounted for by the important discoveries of Sir Charles Bell and M. Magendie. Mr. Mayo's experiments and arguments tend to prove, that "the ganglionless portion of the fifth, and the hard portion of the seventh nerve, are voluntary nerves to parts, which receive sentient nerves from the larger or ganglionic portion of the fifth." By the expression *sentient* nerves, Mr. Mayo means those, the division of which is followed by instantaneous loss of sensation in a part; by *voluntary* nerves, he means those upon the division of which the will ceases to influence the muscles they supply. Outlines, &c. p. 331, &c. — Ed.

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I. Nature of
the brain, its
ramifications
and substitutes.

The remarks of Sir Charles Bell upon this subject are well entitled to attention. "The trigeminus, or fifth nerve," says he, "bestows upon all the surfaces of the head and face, external and internal, that sensibility which is enjoyed by the rest of the body through the spinal marrow*," and, in proof of this, he describes various experiments which show that, on dividing its branch to the cheek and lips, or on its destruction by disease, insensibility instantly takes place in these organs. Yet some of its branches prove motific as well as sensific, and draw the muscles of the eye into a state of mutual action to expel offensive particles that have found admission to its surface: while, of the nine nerves that proceed from the brain, constituting the whole number that thus originate, six of them are distributed in a greater or less proportion to the single organ of vision; and co-operate in giving perfection to its powers; as the third, fourth, part of the fifth, sixth, and seventh.

Several of these phænomena may, indeed, be resolved, though not the whole, into that close interunion which some parts of the brain maintain with other parts by means of ganglions, commissures, and decussations of nerves; whence injuries on one side are often accompanied with loss of motion or feeling in the organs of the other side. So the curious and ingenious experiments, instituted by Dr. Philip†, and to which we shall have occasion to return presently, sufficiently prove, that stimuli of a certain kind, as spirit of wine, applied to the posterior part of the naked brain of an animal, produce the same effect on the heart, and equally increase its action, as if applied to the anterior part. To affect the heart, however, it seems necessary that the stimulus should spread over a pretty large extent of the brain; so as to take in, by the range of its excitement, some of the ganglions of the brain, whose office, as Dr. Philip conceives, is "to combine the influence of the various parts of the nervous system, from which they receive nerves, and to send off nerves endowed with the combined influence of those parts."‡ He hence accounts for some organs of the frame being affected by every part of the nervous system, and others by only certain small parts of it; and the wide influence possessed by the great sympathetic nerve, which is less a single nerve, than a string of ganglions. We are also hereby shown why the intestines, like the heart, sympathise with every portion of the nervous system.

Fanciful to
pretend subdivi-
sions inscru-

From all this, however, it is clear, that there is much yet to be learnt concerning the actual arrangement of the brain, or of its

* Phil. Trans., 1823, pp. 289, 290.

† Phil. Trans., 1815, pp. 5—90.

‡ Phil. Trans., 1815, p. 436. An opinion formerly prevailed, that ganglia were intended to cut off sensation; but Sir Charles Bell noticed, that every one of the nerves, which he took to be instruments of sensation, had ganglia on their roots. "Some very decided experiment," he says, "was necessary to overturn this dogma. I selected two nerves of the encephalon; the fifth, which had a ganglion, and the seventh, which had no ganglion. On cutting across the nerve of the fifth pair on the face of an ass, it was found, that the sensibility of the parts, to which it was distributed, was entirely destroyed. On cutting across the nerve of the seventh pair on the side of the face of an ass, the sensibility was not in the slightest degree diminished. By pursuing the enquiry, it was found that a ganglionic nerve is the sole organ of sensation in the head and face; and thus my opinion was confirmed, that the ganglionic roots of the spinal nerves were the fascies or funiculi for sensation." C. Bell's Nat. Syst. of the Nerves, p. 34.—ED.

partition into three divisions, and of the respective share which the different parts take in producing a common effect: and consequently it seems to be altogether a wild and idle attempt to subdivide these perceptible regions of the brain into still smaller and merely imaginary sections, and to allot to each of them a determinate function and faculty.

That a sensorial communication, however, is maintained between some part or other of the brain and every part of the body, and that this communication is conducted by the nerves, is unquestionable from the following facts:—If we divide, or tie, or merely compress, a nerve of any kind, the muscle with which it communicates becomes almost instantly paralytic; but upon untying or removing the compression, the muscle recovers its appropriate feeling and irritability. If the compression be made on any particular part of the brain, that part of the body becomes motionless which derives nerves from the part compressed. And, if the cerebrum, cerebellum, or medulla oblongata be irritated, excruciating pain or convulsions, or both, take place over the whole body*; though chiefly when the irritation is applied to the last of these three parts. For, according to the laws of the nervous action, as collected from a variety of experiments by Dr. Philip †, and stated in a subsequent paper to that just referred to, “neither mechanical nor chemical stimuli (irritating the brain by a knife, or pouring spirits of wine upon it) applied to the nervous system, excite the muscles of voluntary motion, unless they are applied near to the origin of the nerves, and spinal marrow.” It is from the medulla oblongata that all the nerves of respiration take their rise; and, hence, any sudden injury or accident that interrupts its course, by putting a close to the respiration, induces death instantly. ‡

The nerves issue in pairs, one of each pair being allotted to either side of the body. The whole number of pairs is forty, of which nine rise immediately from the great divisions of the brain under which we have just contemplated it, and are *chiefly*, though not wholly, appropriated to the four local senses; and thirty-one from the spinal marrow.

We have thus far represented the spinal marrow as issuing from the brain, in conformity with the general doctrine that has hitherto been held upon the subject. It has of late years, however, been contended by various physiologists §, and particularly by Drs. Gall and Spurzheim, that the spinal marrow itself is the origin or trunk of the nervous system, and that, instead of issuing from the brain, it gives birth to it. The argument is derived from the existence of a spinal marrow alone in acephalous monsters, and of a nervous chord without a brain, answering the purpose of a spinal marrow, in most invertebral animals. Whence it is inferred,

CLASS IV.
I. Nature of the brain, its ramifications and substitutes. table to the senses, and to endow them with hypothetical powers. The brain maintains a sensorial communication with the body by means of the nerves.

Number and general character of the nerves.

Whether the spinal marrow issues from the brain, or the brain from the spinal marrow? the latter the opinion of Gall and Spurzheim.

Ground of their opinion.

* Some of the observations of Flourens and Hertwig on this subject will be presently noticed. — ED.

† Phil. Trans., 1815, p. 444.

‡ On the Nerves which associate the Muscles of the Chest in the Actions of Breathing, &c. By Sir Charles Bell. Phil. Trans., 1822, p. 284.

§ Tiedemann, Anatomie du Cerveau, contenant l'Histoire de son Développement dans le Fœtus, avec une Exposition comparative de sa Structure dans les Animaux, trad. par A. J. Jourdan, &c. Paris, 1823. Serres, Anat. Comparée du Cerveau, &c.

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I. Nature of
the brain, its
ramifications
and substitutes.
Opposed by
facts and
analogy.

System and
ganglions of
the intercostal
nerve.

From its struc-
ture and exten-
sive intercourse,
an instrument
of general
sympathy.

that the nervous column is the radical part of the system, and that the brain is an increment from it in the more perfect classes.*

The question is not of much importance, though there is something ingenious in thus tracing animal life from its simpler forms. Yet the opinion seems to be in direct opposition to a well-ascertained fact we shall have to advert to presently, namely, that the magnitude of the brain and the extent of its intellectual powers hold an inverse proportion to the size of the spinal marrow, and, consequently, upon this hypothesis, to their apparent means of supply. Nor is it the mode of induction usually adopted by physiologists on like occasions; since they generally describe the arteries as issuing from the heart, instead of giving rise to it, notwithstanding that the heart, like the brain, has been found totally wanting in some monsters, and the circulation carried on by an artery and a vein alone, of which Mr. Hewson gives a very singular instance†, and that most of the worm genera are equally without a heart, though they are in possession of circulatory vessels. We only see in these arrangements, that neither a brain nor a heart is essentially necessary to animal life: and that the great Author of nature is the lord, and not the slave, of his own laws; and is capable of effecting the same general principle by a ruder, as well as by a more elaborate, design.

There is one part, however, of the system of nervous power, in the more perfect classes of animals, that is particularly worthy of our attention, as furnishing a rule peculiar to itself, and being without a parallel in any other part; and that is, the origin, structure, and extensive influence of the great sympathetic or intercostal nerve, which forms a kind of system in itself, an epicycle within the two cycles of cerebral and vertebral influence. It is connected both with the brain and spinal marrow, and may be said to arise from either. Admitting the brain to be its source, it is an offset from the sixth pair of nerves, on either side, and in its course receives a small tributary twig from the fifth, and branches from all the vertebral, from whose union and decussation it is studded with numerous ganglions or medullary enlargements, of which there are not less than three in the neck alone, tinted by an addition of cineritious substance; a larger number in its line through the chest; and others as it descends still more deeply; independently of various confluences of smaller branches that unite and form extensive net-works. Having reached the hollow of the os coccygis, it meets its twin from the opposite side, which has pursued a similar course, and been augmented by similar contributions.

Thus equally enriched with the nervous stores of the brain and the spinal marrow, it sends off radiations, as it takes the course of the aorta, to all the organs of the thoracic, abdominal, and hypogastric regions, to the lungs, the heart, the stomach, and intestines, the bladder, uterus, and testes; and thus becomes an emporium

* Anatomie et Physiologie du Système Nerveux, &c. par F. J. Gallet G. Spurzheim, 4to. Paris, 1810. The later investigations of Tiedemann and Serres into the development of the nervous system of the human fœtus, represent the spinal chord, the medulla oblongata, the cerebellum, and the cerebrum, as formed in the succession here specified. Béclard, Additions à Bichat. — Ed.

† On the Lymph. Syst., part II. p. 15.

of nervous eommeree, and an instrumeent of general sympathy : and, what is of infinite importance in so eomplicated a frame as that of man, furnishes to the vital organs streams of nervous supply from so many anastomosing currents, that if one, or more than one, should fail or be cut off, the function may still be continued. To this it is owing, in a very considerable degree, that the organs of the upper and lower belly exhibit that nice fellowship of feeling which often surprises us, and that most of them are apt to sympathise in the actual state of the brain.

There is no animal, whose brain is an exact counterpart to that of man : and it has, hence, been conceived, that, by attending to the distinctions between a human brain and that of other animals, we might be able to unfold a still more mysterious part of the animal economy, than that of sensation or motion, and account for the superior intellect with which man is endowed.

But the varieties are so numerous, and the parts which are deficient in one animal, are found connected with such new combinations, modifications, and deficiencies in others, that it is impossible for us to avail ourselves of any such diversities.

[The principle of improvement in the nervous system, throughout the ascending scale of animals, is the progressive accumulation of nervous matter in larger masses upon that part of the central organ which is nearest the head or mouth. In proportion as this alteration from the simplest type of organisation is effected, the animal becomes more and more individualised, portions separated from it are found to be less capable of independent existenee, and the destruction of one organ is observed to produce more derangement of the rest.*]

Aristotle endeavoured to establish a distinction, by laying it down as a maxim, that man has the largest brain of all animals in proportion to the size of his body ; a maxim, which has been almost universally received from his own time to the present period. But it has of late years, and upon a more extensive cultivation of comparative anatomy, been found to fail in various instances : for, while the brain of several species of the ape kind bears as large a proportion to the body as that of man, the brain of several kinds of birds bears a proportion still larger. Sömmerring has carried the comparison through a great diversity of genera and species † : but the following brief table will be sufficient for the present purpose. The weight of the brain to that of the body, forms

In man from	-	-	-	$\frac{1}{22}$	to	$\frac{1}{33}$	part.
Several simiæ	-	-	-	$\frac{1}{22}$		$\frac{1}{33}$	
Dog	-	-	-	$\frac{1}{101}$		$\frac{1}{101}$	
Elephant	-	-	-	$\frac{1}{500}$		$\frac{1}{500}$	
Sparrow	-	-	-	$\frac{1}{25}$		$\frac{1}{25}$	
Canary-bird	-	-	-	$\frac{1}{14}$		$\frac{1}{14}$	
Goose	-	-	-	$\frac{1}{360}$		$\frac{1}{360}$	
Turtle (smallest)	-	-	-	$\frac{1}{5088}$		$\frac{1}{5088}$	

* See Mayo's Outlines of Human Physiology, p. 257, 2d edit.

† Diss. de Basi Encephali. Götting. 1778. 4to. G. R. Treviranus has given the results of a series of observations on the relative weight and breadth of the brain to that of several of its parts in different mammiferous animals : also a table of the proportion of the several parts of the brain to the greatest breadth of the spinal chord. The particulars may be found in the Edin. Med. and Surgical Journ. for January, 1829. — Ed.

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The human brain has no exact counterpart in other animals.

But no reasoning on this ground concerning the superiority of the human intellect.

Principle of improvement in the nervous system.

How compared with the brain by Aristotle.

The comparison fails in various cases.

Aristotle's maxim corrected by Sömmerring :

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and thus corrected, holds universally.

Rule applies to animals in the general descent of the scale of animal life.

Distinctive character of the nervous structure of vertebral animals.

In what respect varies as the scale descends.

Nervous structure in invertebral animals.

Possess a nervous chord pro-

Sömmerring has hence endeavoured to correct the rule of Aristotle by a modification under which it appears to hold universally; and, thus corrected, it runs as follows: "Man has the largest brain of all animals in proportion to the general mass of nerves that issue from it." Thus the brain of a horse gives only half the weight of that of a man, but the nerves it sends forth are ten times as bulky. The largest brain, which Sömmerring ever dissected in the horse kind, weighed only 1 lb. 4 oz., while the smallest he has met with in an adult man was 2 lb. 5½ oz.

But the remark applies farther than to man: for this acute physiologist has been able to trace a direct proportion between the degree of intelligence in every class of animals, and the bulk of the brain, where the latter bears an inverse proportion to the nerves that arise from it. And we may hence observe, in passing, as, indeed, we have already hinted, that the nerves seem rather to be a product of the brain, than the brain of the nerves: for it is much more easy to conceive how a fountain may become exhausted in proportion to the magnitude of its streams, than how a reservoir can be augmented in proportion to the minuteness of its channels.*

Upon a general survey, I may observe, that the nervous structure of all vertebral animals, comprising the first four classes of the Linnæan classification, mammals, birds, amphibians, and fishes, is characterised by the two following properties:—Firstly, the central organ of the nervous system consists of a brain, with a long chord or spinal marrow descending from it; and, secondly, that both are securely enclosed in a bony case or covering.

In man, as I have already observed, the brain is (with a few exceptions) larger than in any other animal in proportion to the size of the body; and, without any exception whatever, in proportion to the size of its dependent column.

In other animals, even of the vertebral classes, or those immediately before us, we meet with every variety of proportion, from the ape, which, in this respect, approaches nearest to that of man, to tortoises, and fishes, in which the brain does not much exceed the diameter of the spinal marrow itself.

It is not, therefore, to be wondered at that animals of a still lower description, and without a vertebral column, should exhibit proofs of a nervous chord, or spinal marrow, without a brain of any kind at the top; and that this chord should even be destitute of its common bony defence. And such is actually the conformation of the nervous system in insects, and, for the most part, in worms; neither of which are possessed either of a cranium or a spine; and

* The doctrine that the nerves arise from, or are a production from the brain, has of late years been considerably weakened, if not quite refuted, by various facts, amongst which it is only necessary to mention here the existence of nerves in acephalous monsters. One of the most interesting cases of this kind formed the subject of a Memoir, published not long ago by M. Spessa, surgeon, of Treviso. A female infant was born totally destitute of brain, cerebellum, and medulla oblongata. It was not at all under the ordinary full size of a child at birth, being a foot in length; and, notwithstanding its acephalous condition, it exhibited, directly after birth, manifest signs of life, for it breathed, cried, and moved its limbs. The heart and arteries pulsated in the usual manner. The infant suddenly ceased to live at the end of eleven hours. See *Lond. Med. Gaz.*, vol. xi. p. 559. — Ed.

in none of which we are able to trace more than a slight enlargement of the superior part of the nervous chord, or spinal marrow, as it is called, in animals possessing a spine; often consisting of one, and sometimes of two, ganglions, designed, apparently, to correspond with the organ of a brain; the descending column chiefly taking the course of the œsophagus, and surrounding it. The nervous chord, however, in these animals is proportionally larger than in those of a superior rank; and though sometimes simple, as in molluscous worms, in other cases, as in insects, is possessed at various distances of minuter ganglions, or little knots, from which fresh ramifications of nerves shoot forth like branches from the trunk of a tree, and which have sometimes been regarded as so many distinct cerebels, or little brains: having a close resemblance to the subordinate system of the intercostal nerve in man, as we have already traced it in its various ramifications and connections.*

In worms of apparently the simplest make, as zoophytes and infusory animals, no distinct structure can be discerned, and particularly nothing like a nervous system. The hydra, or nearly transparent polypus, found so frequently in the stagnant waters of our own country, with a body of an inch long, and arms or tentacles in proportion, seems, when examined by the largest magnifying glasses, to consist of a congeries of granular globules or molecules, not unlike boiled sago, surrounded by a gelatinous substance; in some tribes solitary, in others catenated. And hence, whatever degree of sensation or voluntary motion exists in such animals, can only be conceived as issuing from these molecules acting the part of nervous ganglions detached, or connected. And on this account, M. Virey has elegantly divided all animals into three classes, according to the nature of their nervous configuration; as, first, animals with two nervous systems, a cerebral and sympathetic, including mammals and birds, amphibials and fishes. Secondly, animals with a sympathetic nervous system alone, surrounding the œsophagus, as mollusca and shell-fishes, insects and proper worms. And, thirdly, animals with nervous molecules, as echini, polypes, and infusory animalcules, corals, madrepores, and sponges; all which, in M. Virey's classification, are included under the term zoophytes.†

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proportionally larger than in vertebral animals, and enriched with ganglions. Ganglions probably minute cerebels.

Whether a nervous structure in zoophytes and infusory animals?

Their peculiar make.

Virey's classification of animals from their supposed difference of nervous structure.

* See Sir E. Home's Croonian Lecture on the Internal Structure of the Human Brain, when examined in the microscope, as compared with that of fishes, insects, and worms. (Phil. Trans., 1824, p. 1.) On this part of the subject, Sir Charles Bell has presented some different, but very ingenious views. In animals, which do not breathe by an uniform and general motion of their bodies, he observes, there is no spinal marrow, strictly speaking, but only a long compound and ganglionic nerve, extending through the body, for the purpose of sensation and motion. In such creatures, the chord does not actuate the animal machine with alternate dilatation and contraction. There may be a motion of some part, which admits and expels air from a cavity, or agitates the water, and which motion is subservient to oxygenation of the blood; and there may be a nerve, supplied to that apparatus, with sensibility and power suited to the function thus to be performed, and resembling our par vagum in office; but there is no regular and corresponding distribution of a respiratory system of nerves to both sides of the body, and no arrangement of bones and muscles for a general and regular motion of the frame, like that which takes place in vertebral animals, and which is necessary to their mode of existence. Sir Charles Bell's Exposition of the Natural System of the Nerves of the Human Body, p. 23. Lond. 8vo. 1824. — Ed.

† When the nerves, the spinal marrow, and medulla oblongata (as Mr. Mayo

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Touch the only sense common to all animals : hence supposed by Cuvier to be the base of the other senses.

The only sense which seems common to animals, and which pervades almost the whole surface of their bodies, is that of general touch or feeling ; whence M. Cuvier supposes that the material of touch is the sensorial power in its simplest and uncompounded state, and that the other senses are only modifications of this material, though peculiarly elaborated by peculiar organs, which are also capable of receiving more delicate impressions.* Touch, however, has its peculiar local organ, as well as the other senses, for particular purposes, and purposes in which unusual delicacy and

observes) are proved to be sufficient for the continuance of sensation, volition, and the commonest instincts, we naturally suppose, that the cerebral masses which seem to grow in the scale of animals with their approximation to reason, are the seat of the higher affections of the mind. When, indeed, we read over an enumeration of the different affections of consciousness, and compare the phenomena of the mind with the anatomy of the brain, we see not the most remote correspondence between the structure of the organ and the mutual dependence of the mental phenomena. When, again, we compare the brain in man with the brain in the higher animals, we are surprised to find exactly the same complexity of structure, the same series and order of internal parts, the same general exterior structure in both. The brain, however, in the higher animals (contrasted with their other organs in general, and their spinal chord and medulla oblongata in particular) is relatively smaller than in man, and its external structure much less complicated. The brain of the monkey, for example, has the internal parts of the same general form with those of the human brain ; but the surface of the hemispheres, instead of the numerous intricate furrows and sinuosities, by means of which the quantity of cineritious matter upon the cerebrum and cerebellum in man is so prodigiously increased, exhibits but a few straight depressions, and has proportionately a vastly less extent of the cortical superficies, and of the immediate medullary substratum. " It is here, then, that we are tempted to place the seat of reason ; and, as it appears that the human brain excels that of the monkey by the number and intricacy of its folds and convolutions, so should we analogically be led to suppose, that the difference in mental endowments between one man and another may be connected with a greater amplitude of the surface of the brain in those who are most highly gifted." *Outlines of Physiology*, p. 298. 2d edit.

* *Anatom. Comparat.*, i. 25. In the writings of Sir Charles Bell will be found many interesting observations against the doctrine of *common sensibility*. " The sensibility of the skin," says he, " is one thing ; the sensibility of the surface of the eye is another ; the sensibility of a third part (as the throat) differs again from these ; the sensibility of internal parts differs from the sensibility of external parts ; and each degree and kind of sensibility are benevolently bestowed for a definite purpose. When you compare the external and the internal parts, you find, that it is not a common sensibility which they partake of. What would be your condition, were the parts within and around the knee joint, or the ankle joint, as sensitive as the surface of the body ? You would be creeping home, as if you had inflammation in the joints. You could not walk, if the parts, that were bruised in the motions of the body, possessed sensibility like the integuments. On the other hand, what would be the consequence if there were no sensibility there ? You would have no guidance in the measure of your exertions ; you would have nothing to tell you how much power in using the limbs was compatible with the texture of your body ; you would be subject to injury, not from without, but from within, to rupture and to laceration. Thus, you will ever find, that the sensibility, which is to guard the body, is suited to the particular part." Sir Charles Bell afterwards adverts to another illustration of his doctrine, afforded by that delicate organ the eye ; the sensibility of whose surface has a relation to the protecting apparatus, so that the fine structure and transparency of the globe may be preserved ; while the sensation of the retina is adapted to the varieties of light and colour only. In the operation of couching, the pain from the passage of the needle through the retina, is not so great as that which proceeds from a particle of sand under the eyelid. See *Clinical Lecture in Med. Gaz.* for Feb. 1834, p. 760. — Ed.

precision are required: in man, this peculiar power of touch is well known to be seated in the nervous papillæ of the tongue, lips, and extremities of the fingers. Its situation in other animals I shall advert to presently.

The differences in the external senses of the different orders and kinds of animals consist in their number and degree of energy.

All the classes of vertebral animals possess the same number of senses as man. Sight is wanting in zoophytes, in various kinds of molluscous and articulated worms, and in the larvæ of several species of insects. Hearing does not exist, or at least has not been traced to exist, in many molluscous worms and several insects in a perfect state. Taste and smell, like the general and simple sense of touch, seem seldom to be wanting in any animal.

The local sense of TOUCH, however, or that which is of a more elaborate character, and capable of being exercised in a higher degree, appears to be confined to the three classes of mammals, birds, and insects; and, even in the last two, it is by no means common to all of them, and less so among insects than among birds.

In apes and macaues, constituting the quadrumana of Blumenbach, it resides partly in the tongue, and tips of the fingers, as in man, but equally, and in some species even in a superior degree, in their toes. In the racoon (*ursus lotor*) it exists chiefly in the under surface of the front toes. In the horse, and cattle orders, it is supposed by most naturalists to exist conjointly in the tongue and snout, and in the pig and mole to be confined to the snout alone: this, however, is uncertain; as it is also, though there seems to be more reason for such a belief, that in the elephant it is seated in the proboscis. Some physiologists have supposed the bristly hairs of the tiger, lion, and cat, to be an organ of the same kind; but there seems little ground for such an opinion. In the opossum (and particularly the Cayenne opossum) it exists very visibly in the tail; and M. Cuvier suspects, that it has a similar existence in all the prehensile-tailed mammals.

Blumenbach supposes the same sense to have a place in the same organ in the platypus or ornithorhyncus as he calls it, that most extraordinary duck-billed quadruped which has lately been discovered in Australasia, and, by its intermixture of organs, confounds the different classes of animals, and sets all natural arrangement at defiance.

The local organ of touch or feeling in ducks and geese, and some other genera of birds, appears to be situated in the integument which covers the extremity of the mandibles, and especially the upper mandible, with which apparatus they are well known to feel for their food in the midst of mud, in which they can neither see, nor perhaps smell it.

We do not know that amphibials, fishes, or worms possess any thing like a local sense of touch: it has been suspected in some of these, and especially in the arms of the cuttle-fish, and in the tentacles of worms that possess this organ; but, at present, it is suspicion, and nothing more.

In the insect tribes, we have much reason for believing such a sense to reside in the antennæ or in the tentacles; whence the former of these are denominated by the German naturalists, *fühl-*

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Touch, though diffused generally, has its local organs, as well as the other senses, when situated in man.

Vertebral animals the same number of external senses as man.

Number diminishes in the lower classes.

Local sense of touch confined to mammals.

Exists in different organs in different tribes.

In quadrupeds.

In various birds.

Whether such a sense in amphibials and fishes or worms?

In what organ it exists in insects?

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the brain, its
ramifications
and substitutes.

Taste and
smell.

Seat of taste in
the higher
classes.

Nostrils the
seat of smell
where they
exist.

Differs in in-
tensity in dif-
ferent animals,
and why.

Whether the
cetaceous tribes
possess smell?

Whether am-
phibials or
worms?

horner or feeling-horns. This belief has not been fully established, but it is highly plausible from the general possession of the one or the other of these organs by the insect tribes, the general purpose to which they apply them, and the necessity which there seems for some such organ from the crustaceous or horny texture of their external coat.

The senses of TASTE and SMELL in animals bear a very near affinity to the local sense of touch; and it is difficult to determine, whether the upper mandible of the duck tribe, with which they distinguish food in the mud, may not be an organ of taste or smell as well as of touch: and there are some naturalists that in like manner regard the cirrous filaments or antennules attached to the mouths of insects as organs of taste and touch equally. Taste, in the more perfect animals, resides jointly in the papillæ of the tongue and the palate; but I have already had occasion to observe that it may exist, and in full perfection, in the palate alone, since it has been found so in persons who have completely lost the tongue from external force or disease.*

In animals that possess the organ of nostrils, this is always the seat of smell; and in many quadrupeds, most birds, and perhaps most fishes, it is a sense far more acute than in man, and that which is chiefly confided in. For the most part it resides in the nerves distributed over the mucous membrane that lines the interior of the bones of the nostrils. Generally speaking, it will be found, that the acuteness of smell bears a proportion in all animals to the extent of surface which this membrane displays, and hence, in the dog and cattle tribes, as well as in several others, it possesses a variety of folds or convolutions, and in birds is continued to the utmost points of the nostrils, which, in different kinds, open in very different parts of the mandible.

The frontal sinuses, which are lined with this delicate membrane, are larger in the elephant than in any other quadruped, and in this animal the sense is also continued through the flexible organ of its proboscis. In the pig the smelling organ is also very extensive; and in most of the mammals possessing proper horns, it ascends as high as the processes of the frontal bone from which the horns issue.

It is not known that the cetaceous tribes possess any organ of smell: their blowing-holes are generally regarded as such, but the point has been by no means fully established. We are in the same uncertainty in respect to amphibials and worms: the sense is suspected to exist in all the former, and in several of the latter, especially in the cuttle-fish; but no distinct organ has hitherto been traced out satisfactorily.†

* The brilliant discoveries of Sir Charles Bell, with respect to the Nervous System, prove very clearly, that the fifth pair is not only the nerve of sensibility to the head and to the tongue, — not only the *gustatory nerve*, — but has branches, which go to the museles, and those museles are connected with the act of mastication. — ED.

† According to the researches of Sir Charles Bell, the act of smelling is not simply the exposure of the odoriferous particles, floating in the atmosphere, to the olfactory nerve; but they must rush with a certain violence over it. "There is," says he, "a sort of double or internal nostril; and a change is produced in the figure of the passage when you breathe simply, and when you smell. This configuration of the tube is that, which, in the act of taking snuff, gives force to the

In fishes there is no doubt; the olfactory nerves are very obviously distributed on an olfactory membrane, and, in several instances, the snouts are double, and consequently the nostrils quadruple, a pair for each snout. This powerful inlet of pleasure to fishes often proves fatal to them from its very perfection; for several kinds are so strongly allured by the odour of marjoram, asafoetida, and other aromas, that, by smearing the hand over with these substances, and immersing it in the water, they will often flock towards the fingers, and in their intoxication of delight, may easily be laid hold of: and hence the angler frequently overspreads his baits with the same substances, and thus arms himself with a double decoy.

There can be no doubt of the existence of the same sense in insects, for they possess a very obvious power of distinguishing the odorous properties of bodies even at a considerable distance beyond the range of their vision; but the organ, in which this sense resides, has not been satisfactorily pointed out. Reimar supposes it to exist in their stigmata, and Knoch in their anterior pair of feelers.

The general organ of HEARING is the ear, but not always so; for in most of those who hear by the Eustachian tube only, it is the mouth: in the whale tribes, it is the nostrils or blow-hole. It is so, however, in all the more perfect animals, which usually for this purpose possess two distinct entrances into the organ; a larger and external surrounded by a lobe, and a smaller and internal opening into the mouth. It is this last which is denominated the Eustachian tube. The shape of the lobe is seldom found even in mammals similar to that in man, excepting among the monkey and the porcupine tribes. In many kinds, there is neither external lobe, nor external passage. Thus in the frog, and most amphibious animals, the only entrance is the internal, or that from the mouth; and, in the cetaceous tribes, the only effective entrance is probably of the same kind; for, though these may be said to possess an external aperture, it is almost imperceptibly minute. It is a curious fact, that, among the serpents, the blind worm or common harmless snake is the only species that appears to possess an aperture of either sort; the rest have a rudiment of the organ within, but we are not acquainted with its being pervious to sound.

Fishes are well known to possess a hearing organ, and the skate and shark have the rudiment of an external ear; but, like other fishes, they seem chiefly to receive sound by the internal tubule alone.

That insects in general hear is unquestionable; but it is highly questionable by what organ they obtain the sense of hearing. The antennæ, and perhaps merely because we do not know their exact use, have been supposed by many naturalists to furnish the means:

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Possessed by fishes, and very acutely.

Possessed by insects, but the organ not known.

Hearing, its general organ the ear, though not always.

Eustachian tube.

External organ varies in different kinds.

Serpents generally destitute of a hearing organ.

Fishes hear, and some have an external organ.

Insects hear, but the organ uncertain.

stream of air upwards. If a man were putting his nose to his snuff-box, and simply breathing, all the snuff would go into the throat; but, when he snuffs with the nostril, it goes upwards, and stimulates the higher part of the Schneiderian membrane. This is effected by the action of the muscles of the nostril, which depends upon the portio dura. Hence, when the influence of this nerve is lost, there is an imperfection in the act of smelling." Sir Charles Bell, in *Med. Gaz.* for Feb. 1834, p. 701. — Ed.

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Sight: its organ greatly varies in different classes.

Nictitating membrane, its use.

Largest proportioned eye. Smallest.

Iris.

Pupil: shape varies in different classes.

Position of the eyes varies.

Spiders multo-
culate.

Eyes of sepia.

Polypes and zoophytes perceive light, though apparently without eyes.

it appears fatal, however, to this opinion to observe, that spiders hear though they have no true antennæ: and that other insects, which possess them naturally, seem to hear as correctly after they are cut off.

The sense of VISION exhibits perhaps more variety in the different classes of animals, than any of the external senses. In man, and the greater number of quadrupeds, it is guarded by an upper and lower eyelid; both of which in man, but neither of which in most quadrupeds, are terminated by the additional defence and ornament of cilia or eyelashes. In the elephant, opossum, seal, cat, kind, and various other mammals, all birds and all fishes, we find a third eyelid, or nictitating membrane as it is usually called, arising from the internal angle of the eye, and capable of covering the pupil with a thin transparent veil, either wholly or in part, and thus defending the eyes from danger in their search after food. In the dog this membrane is narrow; in oxen and horses it will extend over half the eyeball; in birds it will easily cover the whole; and it is by means of this veil, according to Cuvier, that the eagle is capable of looking directly against the noon-day sun. In fishes it is almost always upon the stretch, as in their uncertain element they are exposed to more dangers than any other animal. Serpents have neither this nor any other eyelid, nor any kind of external defence whatever but the common integument of the skin.

The largest eyes, in proportion to the size of the animal, belong to the bird tribes, and nearly the smallest to the whale; the smallest altogether to the shrew and mole, in the latter of which the eye is not larger than a pin's head.

The iris, with but few exceptions, partakes of the colour of the hair, and is hence perpetually varying in different species of the same genus. The pupil exhibits a very considerable, though not an equal, variety in its shape. In man it is circular; in the lion, tiger, and indeed all the cat kind, it is oblong; transverse in the horse and in ruminating animals; and heart-shaped in the dolphin.

In man, and the monkey tribes, the eyes are placed directly under the forehead; in other mammals, birds, and reptiles, more or less laterally; in some fishes, as the genus pleuroneetes, including the turbot and flounder tribes, both eyes are placed on the same side of the head; in the snail they are situated on its horns, if the black points on the extremities of the horns of this worm be real eyes, of which, however, there is some doubt; in spiders the eyes are distributed over different parts of the body, and in different arrangements, usually eight in number, and never less than six. The eyes of the sepia have lately been detected by M. Cuvier; their construction is very beautiful, and nearly as complicated as that of vertebrated animals.* Polypes and several other zoophytes appear sensible of the presence of light, and yet have no eyes; as the nostrils are not in every animal necessary to the sense of smell, the tongue to that of taste, or the ears to that of sound. A distinct organ is not always requisite for a distinct sense. In man

* Le Règne Animal distribué d'après son Organization, 4 tomes, 8vo. Paris, 1817.

himself we have already seen this in regard to the sense of touch' which exists both locally and generally: the distinct organ of touch is the tips of the tongue and of the fingers, but the feeling is also diffused, though in a subordinate and less precise degree, over every part of the body. It is possible, therefore, in animals that appear endowed with particular senses without particular organs for their residence, that these senses are diffused, like that of touch, over the surface generally; though there can be no doubt that, for want of such appropriate organs, they must be less acute and precise than in animals that possess them.

Whether there be any other than the five senses common to man and the higher classes of animals, may be reasonably doubted; but we occasionally meet with peculiarities of sensation that can hardly be resolved into any of them. Thus the bat appears to be sensible of the presence of external objects and obstructions that are neither seen, smelt, heard, touched, or tasted; for it will cautiously avoid them when all the senses are purposely closed up. And hence many naturalists have ascribed a sixth sense to this animal. It is equally difficult, by any of the known senses of fishes or of birds, to account for the accuracy with which their migratory tribes are capable of steering their annual course through the depths of the ocean or the trackless regions of the atmosphere, so as to arrive at a given season on a given coast, or in a given climate, with the precision of the expertest mariner. Whilst, with respect to mankind themselves, we sometimes meet with persons who are so peculiarly affected by the presence of a particular object that is neither seen, smelt, tasted, heard, or touched, as not only to be conscious of its presence, but to be in great distress till it is removed. The presence of a cat not unfrequently produces such an effect; and the author has himself been a witness of the most decisive proofs of this in several instances. It is possible, that the peculiar sense may, in such cases, result from a preternatural modification in some of the branches of the olfactory nerve, which may render them capable of being stimulated in a new and peculiar manner; but the individuals thus affected are no more conscious of an excitement in this organ of sense than in any other; and, from the anomaly and rare occurrence of the sensation itself, find no terms by which to express it.

In Germany it has of late been attempted to be shown that every man is possessed of a sixth sense, though of a very different kind from those just referred to; for it is a sense not only common to every one, but to the system at large; and consists in that peculiar kind of internal but corporeal feeling, respecting the general state of one's health, that induces us to exult in being as light as a feather, as elastic as a spring; or to sink under a sense of lassitude, fatigue, and weariness, which cannot be accounted for, and is unconnected with muscular labour or disease. To this sensation M. Hubner has given the name of *cænesthesia*, and several of his compatriots that of *selbstgefühl*, and *gemeingefühl*, "*self-feeling* or *general-feeling*;" and its organ is supposed to exist in the extremities of all the nerves of the body, except those that supply the five external senses.* I scarcely know why these last should have

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The sense probably general, but dull as that of general touch.

Whether any tribe possesses other senses than the five common?

Suspected in the bat.

Whether in migratory birds or fishes?

Whether even in man?

* Comment. de Cænesthesi. Dissert. Aug. Med. Auct. Chr. Fred. Hubner, 1794. This is totally different from what has been termed *common sensibility*, VOL. III.

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the brain, its
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and substitutes.

II. Principle
of sensation
and motion.

Nervous fabric,
whether solid
chords or
hollow cylin-
ders.

Original mean-
ing of the
term nerve.

Hypothesis of
Hippocrates
and Galen;
supposed an
etherial fluid;

but expressed
themselves un-
certain how it
maintained a
communication
with the rest
of the body.

been excepted; for the sensation itself is nothing more than a result of that general sympathy, which appears to take place between different organs and parts of the body, expressive of a pleasurable or disquieting feeling, according as the frame at large is in a state of general and uninterrupted health, or affected by some cause of disquiet.

II. As the nerves thus generally communicate with each other, and with the brain where this organ exists, it has been a question in all ages by what means they maintain this communication, and what is the nature of the communicated influence? or, in other words, what is the fabric of the nerves, and the quality of the nervous power? *

Upon these points, two very different opinions have been entertained from an early period of the world, which, under different modifications, have descended to our own times: for by many physiologists, both ancient and modern, the nerves have been regarded as solid capillaments, or tense and elastic strings, operating by tremors or oscillations, like the chords of a musical instrument; and by others, as minute and hollow cylinders conveying a peculiar fluid. The word NERVE, which among the ancients was applied to tense chords of every kind, and especially to bow-strings and musical strings, affords a clear proof how generally the former of these hypotheses prevailed among the Greeks. It was not, however, the hypothesis either of Hippocrates or Galen; for by them, while the nerves were regarded as the instruments of sensation and motion, the medium by which they acted was supposed to be a fine etherial fluid, elaborated in the organ of the brain; to which they gave the name of animal spirit, to distinguish it from the proper fluid of the arteries which was denominated vital spirit. "Not," says Galen, "that this animal spirit is of the substance of the soul, but its prime agent while inhabiting the brain."† But, with respect to the manner in which the animal spirit operates upon the nerves, they spoke with great modesty; for though they thought they had been able to trace a tubular form in some of the nerves, and particularly those of vision, they had not been able to succeed in others. "And hence," says Galen, "it is impossible for us to pronounce absolutely, and without proof, whether a certain power may not be transmitted from the brain through the nerves to the different members; or whether the material of the animal spirit may not itself reach the sentient and moving parts; or, in some way or other, so enter into the nerves as to induce in them a change, which is afterwards extended to the organs of motion."‡

the objections to which expression, as brought forward by Sir Charles Bell, have been alluded to in a previous note. — Ed.

Nature and Origin of Mental Derangement, by A. Crichton, M.D. 2 vols. 8vo. 1798.

* "The question," says Dr. Bostock, "may be thus stated in direct terms:—When an impression made upon an organ of sense is transmitted by a nerve to the brain, or when the exercise of volition is communicated to the nerve, so as to produce the corresponding effect upon the muscle, what change does the nerve experience, or in what way is it acted upon so as to admit of this transmission?" Elem. Syst. of Physiology, vol. i. p. 250. — Ed.

† De Hippocratis et Platonis Decretis, lib. vii. A. tom. i. p. 967. Ed. Basil. 1542.

‡ Id., sect. C. p. 969.

In a state not much less unsettled remains the subject at the present moment. Dr. Hartley, in the beginning of the seventeenth century, revived the hypothesis, that the nerves are bundles of solid capillaments conveying motion, sensation, and even perception, by a vibratory power, and supported his opinion with great ingenuity and learning*; but the opposite hypothesis, that they are minute tubes filled with the animal spirit of the Greek physiologists, had acquired so extensive a hold ever since the discovery of the circulation of the blood, which pre-supposes the existence of tubular vessels too subtle to be traced by the senses, that it never obtained more than a partial and temporary assent; and hence, from the times of Sydenham and Boerhaave almost down to our own day, the last has been the popular doctrine.

In effect, no fibres of the animal frame can be less adapted to a communication of motion by a series of vibrations than those of the nerves, since none exhibit a smaller degree of elasticity; and though we have little reason to confide in their tubular structure, or to believe that any kind of fluid is transmitted in this way, the close affinity which the nervous power is now known to hold with several of the gases that chemistry has of late years unfolded to us, and the wonderful influence which some of them possess over the moving fibres of the animal frame, seem to leave no question, that the nervous power itself is a fluid†, though not, perhaps, of their precise nature, yet resembling the most active of them in its subtilty, levity, and rapidity of movement. Nor is there, upon this supposition, any difficulty in conceiving its transmission by solid fibres or capillaments of a particular kind, the *neurilemma* of Bichat, whilst we behold the etherial fluids, now referred to, transmitted in the same way by substances still more solid and unporous.

But there is another question, closely connected with the present subject, that has also greatly interested physiologists both in ancient and modern times, and is not yet settled in a manner altogether satisfactory.

It has appeared that the nerves are instruments both of sensation and motion. Are these two effects produced by the same nervous fibres, or by different? or by the same fluids, or by different? That there must be two distinct kinds of fibres or of fluids is clear, because, as we shall have more particularly to observe when we come to treat of paralysis, the muscles of a limb are sometimes deprived of both sensation and motivity at the same period, sometimes of sensation alone while motivity continues, and sometimes of motivity alone while sensation continues. And hence Hippocrates and Galen, the last of whom has treated of the subject with great minuteness in many of his writings, while they speak of only one kind of animal spirit, speak of two kinds of nerves, those of sense and of motion; equally issuing from the brain, and mostly accompanying each other, and forming parts of the same organs.‡

* Observations on Man, his Frame, &c. his Duty, and his Expectations. 2 vols. 8vo. 1749.

† The editor's opinion of this hypothesis will appear in the sequel.

‡ The curious fact of most of the nerves of motion (though not all) originating from the spinal marrow, has been already stated. — EN.

CLASS IV.

II. Principle of sensation and motion.

The question still in an unsettled state.

Hartley's hypothesis of vibratory strings not able to subvert the hypothesis of Sydenham and Boerhaave, that they are hollow cylinders conveying an animal spirit.

Nervous fibres unadapted to vibrations, as inelastic: yet no proof of their being tubular.

Little doubt, however, of a nervous and peculiar fluid; which, like various gases, does not stand in need of hollow vessels for its transmission.

Whether sensation and motion a common power, or from distinct sources?

The two effects must proceed from distinct fibres or fluids.

According to the Greeks, from distinct sets of fibres operated upon by the same nervous fluid.

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II. Principle
of sensation
and motion.

How far sup-
ported by
modern phy-
siologists.

Rolando's dis-
tinct provinces
of cerebrum
and cerebel-
lum.

Such separate
powers since
confirmed, but
conversely
ascribed.

Principal ex-
perimenters on
the uses of dif-
ferent parts of
the brain.

This distinction is supported by the concurrent observations and experiments of physiologists, and especially by the curious investigations of many of those of our own day, among whom should be particularly noticed the names of Flourens, Rolando, Charles Bell, Magendie, and Shaw. M. Rolando attempted to show, by a long train of interesting but very painful experiments, carried on through animals of almost every kind, that the cerebrum is the ordinary source of sensation, and the cerebellum of motion: for, according to his observations, in every instance in which the former is much broken down, or in any other way injured, drowsiness, stupor, or apoplexy, is sure to follow; the animal being still capable of exercising locomotive power, but without any guidance or knowledge of what it is about, or where it is moving to. But the moment the cerebellum is wounded, the locomotive power is instantly lost.* These investigations were valuable, as leading on to others more accurately conducted, and followed up by more correct conclusions. That these distinct portions of the brain are endowed with separate powers, as observed by Rolando, has been sufficiently ascertained by other pathologists; and especially by M. Flourens†, who does not seem at the time to have been acquainted with Rolando's experiments, and consequently gives us the weight of an unconnected testimony. But it seems to M. Magendie‡ to be now better established, that the converse of M. Rolando's constitutes the law and order of nature: sensation appearing to be dependent upon the cerebellum, instead of upon the cerebrum; while motivity takes its rise from the cerebrum, instead of from the cerebellum.

[If, however, the researches and experiments of Magendie oppose those of the foregoing physiologists, let it be remembered that the results of his investigations disagree with many observations made on this subject by physiologists of high reputation. According to Sir Charles Bell, the nerves of the greatest number of the voluntary muscles are derived from the medulla spinalis, and the best modern anatomists trace the origins of most of the other nerves to the medulla oblongata. If, therefore, the origins of the nerves could be taken as a criterion, Magendie's views would not be at all tenable. But it is not by this test that the question can be settled, because the enquiry here refers, not to what nerves are concerned in sensation and voluntary motion, but to what part of the brain or cerebellum the power of regulating the voluntary action of the muscles is to be ascribed. It is a question, therefore, that can only be settled by experiment.

In order to determine the exact uses of particular parts of the brain and its appendages, numerous experiments have been performed, which consisted in observing very carefully the effects resulting from the injury of definite portions of those organs. The first researches of this description were those of Molinelli§, and they have been followed up by the more important experiments of

* Saggio sopra la vera Struttura del Cervello, &c. e sopra le Fonzioni della Sistema Nervosa. Sassari, 1809.

† Archives Générales de Médecine, i. ii.; also Recherches Exp. sur le Syst. Nerveux. Paris, 1824.

‡ Expériences sur les Fonctions, &c. Journ. de Physiologie, tom. ii. iii. passim, 1822, 1823.

§ Comment. Bononiens. p. 130.

Boerhaave, Haller, Zinn, Zimmermann, Fodera*, Legallois†, Krauss‡, Hertwig§, and those of the physiologists already enumerated. Of all the experiments made on this subject those of Flourens are, perhaps, the most valuable. From them, which, indeed, confirm earlier observations, it results that each strongly developed part of the brain is intended for the performance of particular functions, the hemispheres of the cerebrum being the organ of the mental faculties (understanding, memory, and will,) and the centre of all the perceptions ||; while the cerebellum is the organ in which the different muscular motions are regulated and directed to one common object. In the corpora quadrigemina is seated the original active principle of the iris, the retina, and optic nerves. Irritation of the corpora quadrigemina, medulla oblongata, and medulla spinalis, shows that these are the only parts of the nervous system connected with muscular contractions. Another inference is, that the power of sensation is a single one, and resides in a single organ.

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Hemispheres.

Corpora qua-
drigemina.

According to Hertwig's still more recent investigations, although the substance of the hemispheres is the centre of all the perceptions, it is insensible of external irritations. Irritations and even injuries of the hemispheres, he found, produce no involuntary motions of the muscles, merely weakness and paralysis of them, and always on the side of the body opposite to that on which the injury was inflicted. Hertwig's experiments also confirm the doctrine, that the operation of the hemispheres is in a crossed direction, that the *consensus communis* is not dependent on them alone, since it remains after they have been destroyed; and that the respiration and circulation are also independent of them.

With respect to the cerebellum, Dr. Hertwig found, that its substance was not sensible to immediate external irritations, by which also no motions of the muscles were excited; but that the undisturbed operation of this organ is necessary to the production and co-operation of the muscles for a particular purpose, as flying, walking, &c. His experiments likewise tend to prove, that the action of the cerebellum on the voluntary muscles takes place in a cross direction; and that the uses of the senses and all the other functions depend very little on the action of the cerebellum.

Cerebellum.

According to Dr. Hertwig, a superficial irritation or wound of the pons varolii produces in animals some pain and temporary convulsions; but deep, penetrating injuries cause, independently of the other effects, a permanent irregularity in the voluntary motions of the body, arising from a disturbance in the balance of the powers between the two sides of the body, or between its anterior and

Pons varolii.

* Magendie, Journ. de Physiologie, vol. i. 1823.

† Exp. sur le Principe de la Vie.

‡ Diss. de Cerebri læsi ad motum Volunt. relatione. Vratisl. 1824.

§ Hecker's Litterarische Annalen, &c. May, 1826.

|| The following criticism is entitled to consideration:—"One of the most important points which M. Flourens attempts to establish, is, that the lobes of the cerebrum are the exclusive seat of sensation and volition; yet it seems quite evident, from the result of the experiments, that, after the removal of these lobes, sensation, although rendered feeble or obtuse, was by no means extinguished; while the functions which depend upon volition, such as the various kinds of locomotion, were still executed by the animal, although it was difficult to excite them into action." See Bostock's Physiology, vol. iii. p. 374.

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of sensation
and motion.

Medulla
oblongata.

Followed up
by Sir C. Bell
into the spinal
marrow.

His demon-
stration.

Double chord
of the spinal
chain.

Like mechan-
ism continued
to every part
of the body.

Strikingly ex-
emplified in the
portio dura of
the seventh
nerve.

posterior parts. The pons exerts considerable influence over the voluntary locomotive organs for the preservation of the balance between them. Another conclusion to which Dr. Hertwig's experiments led him is, that the pons varolii has little influence over the senses and consciousness. With regard to the medulla oblongata, Dr. Hertwig's experiments corroborate the opinion that it has great influence over respiration and also partly over the circulation. Hence its complete division destroys life by interrupting respiration. The same experimenter infers, that, as injuries of this organ do not disturb the senses, the intellectual functions can have no dependence upon it.]

Sir Charles Bell has successfully followed up the distinct and established powers of the two departments of the brain* into the spinal marrow, which he has sufficiently proved to consist of a double chord†; an anterior connected with the crura of the cerebrum and productive of locomotion, and a posterior connected with the crura of the cerebellum, productive of sensation.‡ And he has further shown, that these two distinct powers are communicated to every part of the body by nervous fibres, according as they issue from the one or the other of these respective channels: that, for the most part, every nervous fascicle distributed over the body and limbs has a double origin, and issues equally from both the anterior and posterior trunk of the spinal medulla, and is, consequently, alike sensifc and modifc; while those, which proceed from one alone, are limited in their power to the peculiar property of their source §, of which the portio dura of the seventh

* Idea of the Anatomy of the Brain, 1809.

† The following is Sir Charles Bell's description:—"Different columns of nervous matter combine to form the spinal marrow. Each lateral portion of the spinal marrow consists of three tracks or columns; one for voluntary motion, one for sensation, and one for the act of respiration. So that the spinal marrow comprehends in all six rods, intimately bound together, but *distinct in office*; and the capital of this compound column is the medulla oblongata. No doubt," he adds, "these grander columns contain within them subdivisions; for if we lift up the medulla spinalis from the cerebellum, and look at its back part, we shall see more numerous chords, the offices of which will one day be discovered." See Exposition of the Natural System of the Nerves, p. 20. 8vo. Lond. 1824.

‡ "The anterior column of each lateral division of the spinal marrow is for motion, the posterior column is for sensation, and the middle one is for respiration. The two former extend up into the brain, and are dispersed or lost in it, for their functions stand related to the sensorium; but the latter stops short in the medulla oblongata, being in function independent of reason, and capable of its office independent of the brain, or when separated from it.

"It is the introduction of the middle column of the three, viz. that for respiration, which constitutes the spinal marrow, as distinct from the long central nerve of the animals without vertebræ, and which is attended with the necessity for that form of the trunk which admits of the respiratory motions." Op. cit., p. 22.

§ The following observations were published by Mr. Mayo:—"When a spinal nerve is divided in its course through the body, the parts supplied by it beyond the division are paralysed: they lose sense and motion. If the two origins of the spinal nerves be exposed in a young animal, and separately divided, different effects are produced. The section of the anterior root deprives of voluntary motion the part supplied by the nerve; the section of the posterior root deprives the corresponding part of the body of sensation, voluntary motion being left." These experiments were made by M. Magendie, and published by him in his Journal of Physiology. But, many years earlier, Mr. Bell had made experiments upon the spinal nerves, some account of which had been printed, and circulated among his friends, as well as delivered in his lectures. The following

nerve affords a striking example: being, when uncombined, simply a nerve of motion, without the attribute of sensation, but exercising motion over all the organs of the face that are connected with the function of respiration, whether in the cheeks, lips, and

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is an extract from this account: — "On laying bare the roots of the spinal nerves," observes Mr. Bell, "I found that I could cut across the posterior fasciculus of nerves, which took its origin from the posterior portion of the spinal marrow, without convulsing the muscles of the back; but that, on touching the anterior fasciculus with the point of the knife, the muscles of the back were immediately convulsed." Mr. Bell was carried by these experiments, says Mr. Mayo, very near to the truth, but he failed at that time to ascertain it: he inferred from his experiments, indeed, that the anterior and posterior roots of the spinal nerves have different functions; but in the nature of these functions he was mistaken. Upon the anterior root he supposed both sensation and motion to depend; the posterior he considered an unconscious nerve, which might control the growth and sympathies of parts. When Mr. Bell published a further account of the functions of these nerves, M. Magendie had already given to the world the true theory of their uses. (See Mayo's Outlines of Physiology, p. 325. 2d edit. 1828.) However this may be, the editor believes, that if it had not been for the original train of experiments, instituted by Sir Charles Bell, we should yet have remained ignorant of the distinctions between nerves of sense and nerves of motion. Nor does Sir Charles Bell admit some part of the foregoing statements. As for Magendie, his claim is also put in a different light by certain important explanations, recently published. In the tract printed long before 1811, Sir Charles Bell declares that he distinctly inculcated the great principle, "*that a nerve, whatever its nature may be, cannot perform two functions at once; it cannot convey sensation inwards to the sensorium, at the same time that it carries outwards a mandate of the will to the muscles, whether it be through the means of a fluid, or an ether, or a vibration, or what you will, that it performs its functions. Two vibrations cannot run counter through the same fibre, and at the same instant. Two undulations cannot go in different directions through the same tube at the same moment; and, therefore,*" says Sir Charles Bell, "*I conceived that the nerves must be different in their kind. This led me to experiment upon the nerves of the spine; for, I said, where shall I be able to find a nerve with the roots separated? where shall I be able to distinguish the properties of a compound nerve? By experimenting upon the separate roots of the spinal nerves. So, then, taking a fine instrument, the point of a needle, and drawing it along one set of roots, and then along another, I found that as I touched one set, the anterior roots, it was like touching the key of a piano-forte — all the chords, as it were, the muscles, were in vibration; and when I touched the other, there was pain and struggling. That would not do; the animal being alive to sensation, there was confusion; and, therefore, I struck the animal on the head, and then I made my experiments clearly; by which it was shown, that the roots of these nerves were of different qualities: one obviously bestowing motion; and, by inference, the other bestowing sensibility." Having come to the conclusion, that the roots of the spinal nerves were double, that each might have a double function, he enquired of himself, How is the head supplied? Is there any nerve in the head, that has a resemblance to the nerves of the spine, one root of each of which nerves has a ganglion, and the other not? Then, he said, what nerve of the head has a ganglion? The fifth has a double root, with a ganglion on one of these roots, like a spinal nerve. Now the function of the posterior root of the spinal nerve, or that which did not excite motion, when irritated, he thought, might be illustrated by considering the fifth pair as nerves of the same class. Experiments were made upon the three branches of the fifth pair in the face; and what was incomplete in the experiments upon the spinal nerves was made perfectly clear by them. It was established, that branches, proceeding from a ganglion, in all respects the same in structure as the ganglions of the spinal nerves, were the only nerves which bestowed sensibility on the head. "It has been said," observes Sir Charles Bell, "that I gave out, that sensation and motion belonged to the anterior roots. How could that be? The principle upon which I proceeded, the idea which I entertained for many years, that which forced me on to all my experiments, was, that one filament could perform only one*

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Confirmed by
contemporary
experimenters.

Mayo's re-
searches.

nostrils; and hence operating equally in the acts of speaking, singing, sucking, drinking, spitting, coughing, and sneezing. And he has confirmed these discoveries by the striking fact, that the nerves of the head, which issue, like the spinal medulla, from both departments of the brain, possess the same double power, and are, in like manner, nerves of sensation and motion; of which the fifth pair offers a notable example, bestowing at the same time sensibility on the head and face, and performing various muscular motions common to all animals, so as to be analogous to a double spinal nerve, or rather to the spine itself, and enriched, like the spine, with ganglions in particular parts. Many of these experiments have since been repeated, and the results to which they have thus led, though in some respects opposed by other experiments of M. Fodera*, have generally been confirmed by M. Magendie, Mr. Shaw, Mr. Broughton, and various other anatomists: and we hence see the reason of those frequent decussations and other interunions of nerve with nerve by which those possessing a single origin, and, consequently, a single property, hereby exchange filaments, and become enriched with a new power, the respective filaments being enveloped in the same sheath.

[In elucidating the uses of the fifth pair of nerves and the *portio mollis* of the seventh, Mr. Mayo merits considerable honour. From a series of experiments detailed by him†, the conclusion is made, that *the portio dura of the seventh nerve is a simple voluntary nerve*, and that *the facial branches of the fifth are exclusively sentient nerves*. In pursuing this subject, Mr. Mayo was led to observe, that there are muscles which receive no branches from any nerve but the fifth: these muscles are the masseter, the temporal, the two pterygoids, and the circumflexus palati. These muscles, he further remarked, are supplied with branches from the third division of the fifth, that is to say, from the particular division of the fifth with which the *smaller fasciculus or root of the nerve is associated*. After some careful dissection, in the greater part of which he found that he had been anticipated by Palletta, he made out that *the smaller fasciculus of the fifth is entirely consumed upon the supply of the above-mentioned muscles*, to which it is to be borne in mind that twigs from the ganglionic portion are likewise distributed. "But," says Mr. Mayo, "I had already ascertained by

function; and for me to say that the anterior roots performed two functions, was just giving the whole matter up. It has been my misfortune to put all these things down in a large, heavy, dear book: were it generally read, which I learn from my bookseller that it is not, I should have no occasion at any time to vindicate the originality or correctness of my observations. When M. Magendie took up this subject, he had in his hands my original paper, in which the classification of the nerves, and the principles on which that classification is founded, 'that nerves, arising from distinct roots, are endowed with distinct functions,' are all stated. He had copies of these plans which are now hung up beside me. The experiments upon the fifth nerve, which are detailed in that paper, and which were suggested to me by my previous experiments upon the roots of the spinal nerves, were repeated before him in Paris by Mr. John Shaw, who had on various occasions made the experiments on the spinal nerves, before my pupils in Great Windmill Street, previously to visiting Paris." See Medical Gazette for Feb. 1834. — Ed.

* *Récherches Expérimentales, &c. Journ. de Physiologie.* Juillet, 1823.

† *Anat. and Physiol. Commentaries*, 1822.

experiment, that almost all the branches of the larger or ganglionic portions of the fifth were nerves of sensation. I proved this point in the ass, the dog, and the rabbit, respecting the second and third divisions of the fifth; in the pigeon, respecting the first division. It was, therefore, thoroughly improbable, that the twigs, sent from the same part of the nerve to the muscles of the lower jaw, should have a different quality, and be nerves of motion. For this function it was reasonable to look to the other nervous fibrils, which the masseter, and temporal, and pterygoid muscles receive; in other words, *to the branches of the smaller fasciculus or root, or ganglionless portion of the fifth.* All this was made out before the publication of M. Magendie's discovery of the parallel functions of the double roots of the spinal nerves." *

At the same time that praise is due to others for what they have done on this intricate subject, the world and posterity will never forget the matchless claims of Sir Charles Bell to the glory of having first pointed the path that led to all the success, with which the nervous system has been examined in latter times. It is not fair that his merit should be lost sight of, and even his originality questioned, because other physiologists have contributed to establish and perfect the system which he first suggested. Sir Charles Bell has most ably explained, that the great error, which misled anatomists in their conceptions concerning the nerves, consisted in following, though with some licence, the old hypothesis, that the nerves receive their influence from the brain, and confer it on remote parts of the body, and that they are endowed with the same powers. For (says he) whether we look upon the intricacy of the parts on dissection, or attempt to unravel the mystery of sensation and voluntary and involuntary motion, performed by a single nerve, there is a complete discrepancy betwixt the fact and the hypothesis. In the view, which Sir Charles Bell takes of the nerves of the human body, there are, besides the nerves of vision, smell, and hearing, four systems combined into a whole. Nerves, entirely different in function, extend through the frame: those of sensation; those of voluntary motion; those of respiratory motion; and, lastly, nerves, which, from their being deficient in the qualities that distinguish the three others, seem to unite the body into a whole, in the performance of the functions of nutrition, growth, and decay, and whatever is directly necessary to animal existence. These nerves, Sir Charles Bell remarks, are sometimes separate, sometimes bound together; but they do not, in any case, interfere with, or partake of, each other's influence. A nerve is seen to consist of distinct filaments, but there is nothing to distinguish them or indicate their offices. One filament may be for the purpose of sensation, another for muscular motion, a third for combining the muscles in the act of respiration; but the subserviency of any particular filament to its proper office can only be made out by tracing it, and observing its relations, and especially its origin in the brain and spinal marrow.

The key to Sir Charles Bell's system is in the simple proposition, that *each filament has its peculiar endowment, independently of the other filaments bound up along with it; and that it continues to have*

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Functions of the portio dura, and fifth nerve.

Sir C. Bell's views of the nervous system.

* See Mayo's Outlines of Human Physiology, p. 331. et seq. 2d edit.

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of sensation
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Much elucida-
tion still re-
quired respect-
ing the con-
tinuance of
these powers in
a disorganised
state of brain or
spinal marrow.

Hypothesis of
Glisson, Haller,
and Girtanner.

Vis insita as
contradistin-
guished from
vis nervea.

Why called
irritable fibre.

the same endowment throughout its whole length. Thus, if its office be to convey sensation, that power shall belong to it in all its course, wherever it can be traced; and at whatever point, whether in the foot, leg, thigh, spine, or brain, it may be bruised, pricked, or otherwise injured, sensation, and not motion, will result; and the perception arising from the impression will be referred to that part of the skin where the remote extremity of the filament is distributed.

There is much, however, in this recondite subject, that still requires elucidation; and particularly in regard to that continuation of sense and motion in many cases which we shall hereafter have to notice, in which the brain, through a very considerable extent, both in its white and cineritious substance, has been found in a mollescent or pulpy state; often indeed entirely disorganised, and as soft as soap: while, in other instances, the spinal marrow, through an extent of six or seven inches in length, has been found equally dissolved, and its chain completely destroyed*; one set of limbs being rendered rigid and motionless, with an augmented sensibility, at the same time that the sensation and mobility of the rest have been scarcely interfered with. And hence a separate and specific power has, from an early age, been ascribed to the nervous fibres themselves, while the brain has been contemplated as their radix. This, in truth, was the peculiar hypothesis of Glisson, and nearly so of Haller, with respect to the motory power; and Girtanner, who trod in the same footsteps, with a clear and comprehensive mind, considerably enlarged upon it, and gave to the moving energy the name of *VIS INSITA*, as, by way of distinction, he applied that of *VIS NERVEA* to the energy or power of feeling. And as he believed that other organs besides muscles, and, indeed, plants as well as animals, are possessed of fibres endowed with the same power, and that a brain is by no means essential for their production, he, in like manner, changed the name of muscular to that of irritable fibre; and contended that a principle of irritability is common to fluids as well as to solids, and co-extensive with organised nature.†

By what means these fibres unite into solid masses or hollow coats, and what are their respective powers when thus complicated, shall be glanced at hereafter‡; at present, we must confine

* This point requires further investigation. When the spinal chord is divided in experiments upon warm-blooded animals, or is compressed or lacerated, the lower part of the body is totally paralysed. This result, as Mr. Mayo observes, is so uniform, that we are bound to suppose an error in the narrative of two well-attested cases, on record, of sensation and voluntary motion continuing after the division of the spinal marrow. Some violence is scarcely avoidable in opening the spinal canal; and if the spinal chord be already partially divided, the operation of exposing it may easily complete the rupture. How slight a continuity of nervous fibre is sufficient to sustain the communication between parts of the medulla spinalis must be known to those who have attempted to destroy animals by pithing: a very slender layer of nervous substance will enable the animal to continue breathing, which, however, ceases instantly on its division. See Mayo's *Outlines of Physiology*, p. 285. 2d edit. — En.

† *Mémoires sur l'Irritabilité, considérée comme Principe de Vie dans la Nature organisée.* Journ. de Phys. 1790.

‡ See the introductory remarks to Order III. of the present Class, *NEUROTICA, CINETICA*.

ourselves to their actuating principle, whatever that may consist in.

Oxygen was at this time the popular aura of the philosophers, as caloric had been a short time before. Lavoisier had just proved its close connection with several of the vital functions, and hence the chemical divinity of Girtanner was oxygen. He paid unbounded homage to its influence; attempted to show that irritability, and even life itself, are dependent upon it; and that, in the animal system, it is distributed to every part by means of the circulating blood.

But the still more striking properties of the galvanic fluid began now to be discovered, and to captivate the general attention; and the time drew nigh in which oxygen was doomed to fall as prostrate before the shrine of galvanic aura, as caloric had fallen before that of oxygen. And it is curious to remark how nearly this discovery was not only made but completed in all its bearings, and by the very same means, about fifty years before the attention of Galvani was directed to the subject; for we are told in the *Philosophical Transactions* for 1732*, that the queen's physician, Dr. Alexander Stuart, being engaged in a course of experiments upon the frog, observed, upon thrusting the blunt end of a probe into the spinal marrow after decapitation, that the muscles of the animal's body were thrown into convulsive contractions; and that the same happened to the muscles of the head when the probe was thrust into the brain. And by additional experiments he advanced so far as to infer, that what the nerves contribute in muscular motion cannot be produced by oscillations or elasticity, but must be owing to a fluid contained in them: but which fluid he was unfortunate enough to conceive was a pure and perfectly defecated elementary water; using the word water, however, in a general sense, as merely opposed to sal volatile, or fermented spirits, which he thought the term animal spirits was calculated to import.

Whatever be the nature of the active and etherial fluid which was thus supposed to exist by Stuart, and has since been attempted to be established by Galvani, it is presumed to have a powerful influence upon many branches or divisions of the nervous system, though not upon all.† Its effects upon the muscles of an animal

CLASS IV.
II. Principle of sensation and motion.

Oxygen conceived to be its principle,

and galvanic fluid since its discovery.

Discovery of the last nearly anticipated half a century before.

* Vol. xxxvii. p. 324.

† Although our author, as we shall presently find, makes the judicious distinction between the hypothesis of galvanism and electricity being identical with the imaginary nervous fluid, and the doctrine of their being only stimulants, by which the secretion of this fluid may be excited, and the action of the nerves continued, he does not seem to entertain the slightest doubt of the actual existence of a nervous fluid, and of its being a secretion, as if these circumstances had been satisfactorily proved and demonstrated. The editor often regrets that Dr. Good should have assumed these hypotheses as positively established facts, and that he did not rest satisfied with the less objectionable expressions, nervous power, nervous energy, or nervous influence, instead of the phrases, more frequently introduced into the second edition than the present, of "secretion of sensorial power, of the nervous fluid," &c. &c. involving him in the most visionary speculations. The hypothesis of a nervous fluid, the product of secretion, is not essentially different from the notion of the existence of animal spirits. The principal ground of the latter, as Dr. Bostock remarks, "seems to have been the idea that the brain is a secretory organ; an idea which was suggested by the great quantity of blood sent to it, and by some supposed resemblance in its structure to other secreting glands. (Descartes, *Traetatus de Homine*, § 14.) Yet, as nothing cognisable by the

CLASS IV.
II. Principle
of sensation
and motion.

Has a close
affinity with the
nervous in-
fluence; but
not proved to
be the same.

Fanciful and
complicated
conjecture of
Rolando.

for some hours after death are too well known to be particularised; and Dr. Philip seems to have shown, by various trains of experiments *, that it is equally capable of maintaining respiration, and the operation of several of the animal secretions, especially those that induce digestion, for as long a period. But in drawing from such facts the corollary, that the "IDENTITY of galvanic electricity and nervous influence is established by these experiments," he seems, like those who have anticipated him in the same doctrine †, to proceed farther than he is warranted: for we have no right to say more, than that galvanic electricity is a stimulus exciting the nervous influence into a state of continued secretion, or continued action; which may possibly be done by various other stimuli, as well as by that of galvanism. M. Rolando, however, has proceeded farther than this; for while he regards the nervous fluid and that of galvanism as identic, he contemplates the cerebellum and its appendages as a galvanic machine, in which the cerebellum itself constitutes the formative pile, the medulla oblongata the conductor in which the fluid is accumulated, and the spine and nerves the channels through which it is conveyed to the muscles for the purpose of exciting *voluntary motion*. But this puts us into possession of only one half of the powers of the brain,—the *motific*. For

senses is produced by it, it was concluded, that it must secrete something of a subtle or etherial nature, peculiarly suited to the performance of the functions which belong to the brain, and which are so unlike those of other material substances. It must be recollected that, about two centuries ago, every thing that could not be otherwise explained was referred to the agency of some kind of refined spirit; an idea which appears to have been originally derived from the alchymists, and, after being incorporated with the metaphysics of the age, gave rise to a long train of mysticism. Almost every philosopher of that period adopted more or less of these notions. Newton's ether is well known to have proved an abundant source of speculation to multitudes of those who called themselves his followers, and who seem unfortunately to have copied almost the only error which this great man committed. Upon this slender foundation was built the hypothesis of the nervous fluid, or the animal spirits, as they have been termed; yet their existence was assumed as an ascertained fact, and even their different affections and diseases were spoken of with as much confidence as if the authors had been treating upon something, which was the immediate object of their senses, and with which they were perfectly familiar. The doctrine of the animal spirits has likewise become a subject of popular belief, and has given rise to a variety of expressions that are every day employed in our common language. There does not, however, appear to be the least shadow of proof of their existence, either from experiment or observation; there is no analogy in their favour; the structure and physical properties of the nerves do not seem adapted to the office that has been assigned them; and, in short, the whole is an hypothesis entirely unfounded and quite gratuitous." See Bostock's Physiology, vol. i. p. 253.

* Phil. Trans., 1815, pp. 5—90.

† The researches of Valli led him also to conclude, that electricity and the nervous fluid were identical. (Journ. de Phys., tom. xli.) And, as is remarked by Dr. Bostock, Mr. Abernethy goes still further; for he regards some subtle fluid, analogous to electricity, not merely as the prime agent in sensation, but even as constituting the essence of life itself. "Singular as it may appear, we find this highly respectable and intelligent writer sliding into materialism at the very time when he is directing the force of his genius against this doctrine. (See Leet. on Hunter's Physiology, pp. 26. 30. 35. 80, &c.) It is scarcely necessary to observe, that, metaphysically speaking, the subtle or etherial agents, that are called into aid in our explanation of the vital phenomena, are as truly *material* as the densest stone or metal." See Bostock's Physiology, vol. i. p. 256.

the *sensific* powers, M. Rolando has revived the old doctrine of vibrations, already noticed, and conceives that all sensations are commenced at the extremities of the nerves, and are conveyed from the circumference to the centre of the system by vibrating chords.*

Upon the whole, the nervous system seems to present itself, in the different classes of animals, under various scales of elaboration; but, in every scale, to be a discernent organ through its entire range; operating by means of two or more different sets of fibres, which may be secretories or conductors of as many different fluids, or modifications of the same fluid.†

In the higher and more complicated classes of animals it consists of a cylindrical chord or spinal marrow, a central or ganglionic compages and a brain, all communicating and acting in harmony.‡ In some of the inferior classes, we find the cylindrical chord alone, and in others the ganglionic compages; while, in the lowest of all, we trace a variety of distinct and granular molecules, which seem to act the part of nervous ganglions, though we cannot discover their connection.

The brain has so much of the general structure and character of a gland, as to be admitted by many to be an organ of this kind.§ This is a point conceded even by Dr. Cullen, notwithstanding that, by supposing the energy of the brain to be a mere quality rather than a specific essence, and to be incapable of undergoing any change of recruit or exhaustion, he finds no adequate use for its glandular conformation. As we are justified, however, by all the force of analogy in regarding it as a gland, though unquestionably a gland of a peculiar kind, and as we are equally justified, on the same ground of analogy, in regarding the nervous power or energy by which it maintains a communication with every part of the system as a fluid of a peculiar kind, we are almost driven to the necessity of contemplating it as the source from which this fluid issues, and by which it is supplied as it becomes exhausted: and more especially when we reflect upon the enormous proportion of blood which is sent from the heart to the head, as the most

CLASS IV.
II. Principle
of sensation
and motion.

Result of the
enquiry.
Nervous system
differently
elaborated, but
a discernent
organ: pos-
sesses two or
more sets of
fibres, secre-
tories, or con-
ductors of dif-
ferent fluids, or
modifications
of a common
fluid.

Brain sup-
posed to be
a gland.

Cullen's
hypothesis.

* Coster, *Archives Générales de Médecine*. Mars, 1823.

† One objection to this hypothesis depends upon the fact, that, if it were admitted, we should not then have any clearer notions of the mode in which the brain and other parts of the nervous system perform their functions, than if no such hypothesis had ever been started. As Mr. Lawrence has observed, "who understands muscular contraction better by being told, that an *Archeus* or subtle matter sets the fibres at work?" — ED.

‡ *De Nervi Sympathetici humani fabricâ, usû, et morbis*, &c. Auctore, J. Lobstein, Parisiis, 1823.

§ This doctrine, though adopted by some physiologists, is not espoused by others. When the comparison of the brain to a gland is made, we may enquire, whether it be intended to assume, that the nervous fluid is secreted by the brain, and thence transmitted through the nerves? or whether the brain only secretes its own nervous fluid, and the nerves theirs? Lastly, we may ask, who has ever seen this wonderful fluid? and how many kinds of it are fancied to exist? for the several parts of the brain have different functions; and some nerves are for sensation, and others for motion. In short, it is better to confess, that we know nothing of the way in which the brain and other parts of the nervous system execute their functions; and, instead of talking about the secretion of the nervous and sensorial fluid, it may be wiser to rest satisfied with the less objectionable phrases of nervous action, nervous energy, nervous influence, sensorial power, &c. — ED.

CLASS IV.
II. Principle
of sensation
and motion.

Nervous fluid
at first perhaps
homogeneous ;
afterwards
changed by par-
ticular actions,
and rendered
capable of pro-
ducing different
effects.

Nervous fibres a
continuation of
the matter of
the brain, and
hence probably
themselves
secernent :

whence a ner-
vous system
may exist under
a comparatively
rude fabri-
cation.

Proofs of this.

Hence some-
times a sensific
power and
sometimes a
motory.

This view ac-
cordant with
Hunter's
remarks.

extensive laboratory of the entire frame, and which, according to Haller*, amounts to one fifth, or, on the lower estimate of Monro†, to one tenth, of the entire current poured forth from the left ventricle of the heart, while it is well known, that the weight of the human brain is not more than one-fortieth part of the entire body.

It is probable that the nervous fluid, on its first secretion and in its simplest state, is as homogeneous as that of the blood ; but that, like the blood, it becomes changed by particular actions, either of the particular parts of the brain, or of particular nerves themselves, into fluids possessing different powers, and capable of producing very different effects. And as modern experiments have induced us to believe, with Galen, that the nerves are a continuation of the matter of the brain‡, it is not improbable that many or all of them are endowed with something of its secernent power, and are capable of assisting in the secretion of the same fluid in its simplest state, or in some of its simpler modifications. And we may hence see the reason of that complicated mechanism which distinguishes the higher classes of animals, and how it is possible for a nervous system to exist, though with inferior powers, under a less composite fabrication.

This, however, is not mere conjecture : for in acephalous and anencephalous monsters we are compelled to admit it as a fact ; and in different ramifications of the nerves we can trace such different effects actually produced : and as it has sufficiently appeared, that the operative power is a quick and subtile fluid, we are directly led to conclude, that such difference of effects must depend on a diversity of fluids, or on various modifications of a common fluid in different trunks or ramifications ; the last of which explanations is by far the simplest and easiest.§ And hence, in certain parts of the system, the nervous influence becomes capable of producing the effect of sensation ; in others, of motion. And hence, again, the sensific influence is rendered capable of exciting in one set of organs a sense of sight ; in others, of hearing, smell, or taste ; while that of touch is diffused over the surface generally.

This last, by its extensive diffusion, is, by Mr. Hunter, called *common sensation* ; and his view of the subject is in perfect consonance with the present. "It is more than probable," says he, "that what may be called organs of sense (local organs) have particular nerves, whose mode of action is different from that of nerves producing common sensation, and also different from one another ; and that the nerves, on which the peculiar functions of each of the organs of sense depend, are not supplied from different parts of the brain. The organ of sight has its peculiar nerve : so has that of hearing ; and probably that of smelling likewise : and,

* Elem. Physic., x. v. 20.

† On the Nervous System, p. 3.

‡ Hippoer. et Plat. Decret., lib. iii. tom. i. p. 921.

§ These hypotheses are at once refuted by the consideration, that the different attributes of different nerves, or nervous filaments, are ascertained by the best modern physiologists, and particularly by the important experiments of Sir Charles Bell and those of M. Magendie, to depend upon the nature of their origin or roots, and the particular manner in which they are connected with certain portions of the brain, spinal chord, &c. Their connection or not with ganglions, is another circumstance seeming to have much influence. — Ed.

on the same principle, we may suppose the organ of taste to have a peculiar nerve, although these organs of sense may likewise have nerves from different parts of the brain; yet, it is most probable, such nerves are only for the common sensations of the part, and other purposes answered by nerves.*

We see farther, that, for the purpose of elaborating the exquisitely fine and active fluid that, differently modified, excites the local organ of sense, and excites † them in perfection, it is necessary that the nervous system should exist in its highest scale of fabrication, and be crowned with the apparatus of a brain, though this is not the only use to which the brain is subservient: and hence it was long ago pointed out by Galen, that it is from the brain alone the nerves appropriated to the local senses take their rise ‡; for though we have instances of the existence of a few of these senses where the nervous system is found in a less finished form, they are never complete in number, nor apparently in acuteness.

The sense of touch, on the contrary, which, as we have already observed, is regarded by Cuvier as produced by the sensific fluid in its simplest and least compounded state, or, as Galen has it, "is the dullest and rudest of all the sentient powers," flows, for the most part, as the latter has also remarked, from the spinal marrow alone, since it is from this column that the nerves of touch almost exclusively arise. And hence we have little difficulty in conceiving how a sense of this kind may exist in molusca, shell-fishes, and the larvæ of insects, which have no other nervous system than a medullary column, with a slight increment at the upper extremity, or no increment whatever; and have no other sense, or none but in a very imperfect degree.

The nervous power producing motion, and which has properly been denominated irritative, appears to be of a still lower description than that of touch. It is hence common to the great mass of muscular fibres, and is probably capable of being secreted by these fibres generally; so that every fibre supplies itself, where it receives no supply from any other source. Yet the proper source or reservoir of this modification of nervous fluid seems to be a ganglionic system; that which, in the higher classes of animals, we have already noticed as formed by the curious structure and ramifications of the intercostal nerve, and that which appears to be a copy of it in worms and zoophytes, who have no other nervous organisation whatever. From the copiousness with which this central system furnishes a recruit to the involuntary organs, with which it is peculiarly connected in mammals, we may see why these organs are able to persevere in one uninterrupted train of action,

CLASS IV.
II. Principle of sensation and motion.

A brain necessary where all the local senses are complete and perfect.

Not necessary where only a general sense of touch.

Motific or irritative power of a lower description than sensific.

Hence the involuntary organs neither exhausted nor wearied.

* On the Animal Economy, p. 261.

† Here it is to be observed, that the author speaks of the "fine and active fluid" as merely exciting the organs of sense, and not as the means by which the impressions received by those organs are communicated to the sensorium. But if we ask whether vision is excited by this imaginary fluid, or by the rays of light impinging upon the retina, the invalidity of the hypothesis, even in this shape, is immediately self-evident. On other occasions the nervous fluid is used in a different meaning, being nothing less than synonymous with nervous or sensorial power itself. In all this a great want of precision attends the hypothesis, which, to increase the confusion, extends itself also to the explanation of muscular action. — ED.

‡ De Instrumentis Odoratûs. Edit. Basil., tom. i. p. 381.

CLASS IV.
II. Principle
of sensation
and motion.

Hence an ex-
hibition of irri-
tative power
after death.

Strikingly
exemplified.
Crimping of
cod-fish.

Singular in-
stance in carp.

Hence spon-
taneous pro-
duction of
polypes and
worms; and
propagation by
sections.

This view sup-
ported by
various sets of
experiments.

Experiments
of Le Gallois.

Experiments
of Philip.

without exhaustion or weariness, from the beginning to the end of life; and why several of them, as the heart, the lungs, and the stomach, should be able to exhibit proofs of irritative power, for a considerable period of time after the death of the system, and especially when roused by particular stimulants. Fishes in general have few pretensions to this structure, and hence they die sooner than most other animals, and exhibit little muscular irritability afterwards. Yet, it is remarkable that in those genera, which make the nearest approach to a ganglionic system, as the cod and carp, we have examples of a like power. The fishmongers of the metropolis have taken advantage of this endowment in the cod-kind, and introduced the fashion of crimping or corrugating the flesh by the stimulus of transverse incisions; and in some curious experiments on the carp, lately instituted by Mr. Clift, he found its heart leaping, when out of water, four hours after a separation from the body.* If the apparently isolated molecules, found in the make of the polype and various worms, are ganglions of nervous irritation, extending their vital influence through certain ranges or peripheries, we are also hence enabled to account for the peculiar tenacity with which the principle of life adheres to them, and the wonderful power of reproduction, which belongs to detached segments.

The curious and striking experiments which have lately been made upon animals by Dr. Philip and M. le Gallois, confirm the general view now offered so far as they bear upon it. These have consisted in an examination into the different effects produced on the heart and lungs by suddenly destroying or cutting off the communication of the whole brain; by slowly destroying it; by destroying it in the posterior part alone, and in the anterior part alone; and by destroying, in like manner, the spinal marrow at the neck, or where it unites with the brain; in its middle or dorsal, and in its lumbar region. The animals operated upon were chiefly rabbits.

According to the experiments of M. le Gallois †, after the destruction of the brain, the action of the heart still continues for a considerable period of time unimpaired; while, on the destruction of the spinal marrow at its upper or cervical extremity, this action becomes instantly so debilitated as to be no longer capable of supporting the circulation. Whence he infers, that it is from the chord of the spinal marrow, and not from the brain, that the heart derives the principle of its life and motions.

The experiments of Dr. Philip ‡ are at variance with the above of M. le Gallois, and his conclusions are, therefore, somewhat different. They seem to show, that both the brain and spinal marrow may be destroyed, and yet the heart continue to act forcibly and steadily, provided the lungs be excited by the artificial breath of a pair of bellows.

The brain and spinal marrow were destroyed by a hot wire, the animal being first stupefied by a blow on the occiput. Frogs and a few other animals were here employed as well as rabbits. It is not exactly stated how long, under this process, the heart con-

* Phil. Trans., 1815, p. 90. † Expériences sur la Principe de la Vie, &c.

‡ Phil. Trans., 1815, pp. 15. and 444.

tinued to beat. Yet, contrary to what Dr. Philip seems to have expected, but in perfect concurrence with the hints I have just thrown out, he found that certain stimuli applied to the brain, whether in the anterior or posterior part of the head, increased very sensibly the action of the heart, the animal being still prepared as just stated. The same effect ensued when the same stimuli were applied to the cervical and even the dorsal part of the spinal marrow, but not when applied to the lumbar.

Dr. Philip hence concludes, that there are three kinds of vital power:—muscular, possessed by the lowest kinds of animals that are destitute of both the others; nervous, or that which is here denominated the medium of touch or simple feeling, chiefly derived from or dependent upon the spinal marrow, and possessed by animals somewhat more advanced in the scale of life; and sensorial, constituting what we have just regarded as the medium of the local senses, and appertaining to the higher classes. He adds, that each of these may exist alone, and consequently independently of the rest; but admits that, where the nervous principle co-exists with the muscular, it exerts an influence over it, so that the latter may even be overborne or destroyed by such influence; and that when the sensorial co-exists with both, it exercises over both an equal degree of control.

CLASS IV.
II. Principle of sensation and motion.

Conclusion of Philip from his own experiments, in accordance with the hints now proposed.

III. But the nervous organ in its most elaborate and perfect state, as in man, is not only the seat of sensation and motion, but of intelligence: it is the instrument of communication between the mind and the body, as well as between the body and the objects by which the body is surrounded. And as a failure or irregular performance of its functions in various ways lays a foundation for an extensive division of corporeal diseases, so a like failure, or irregularity of performance in other ways, lays a foundation for as numerous a train of mental maladies.

III. Intellectual principle.

Of the nature of the mind or soul itself, we know little beyond what REVELATION has informed us: we have no chemical test that can reach its essence; no glasses that can trace its mode of union with the brain; no analogies that can illustrate the rapidity of its movements. And hence the darkness that, in this respect, hung over the speculations of the Indian gymnosophists and the philosophers of Greece continues without abatement, and has equally resisted the labours of modern metaphysicians and physiologists. That the mind is an intelligent principle, we know from nature; and that it is a principle endowed with immortality, and capable of existing after death in a state separate from the body, to which, however, it is hereafter to be re-united at a period when that which is now mortal shall put on immortality, and death itself be swallowed up of victory—we learn from the God of nature. And, with such information, we may well rest satisfied; and, with suitable modesty, direct our investigations to those lower branches of this mysterious subject that lie within the grasp of our reason.

The nature of the mind but little known, except from revelation.

I cannot, however, drop the subject altogether, without observing, that the discussion concerning the particular entity of the mind seems to have been conducted with an undue degree of heat and confidence on all sides, considering our present ignorance of whatever substance has been appealed to as constituting its specific frame.

Nature teaches that it is intelligent: its other powers, and ultimate re-union with the body, taught only by a preternatural communication.

Hence the controversies concerning its entity have often exhibited an unbecoming warmth and confidence.

CLASS IV.

III. Intellectual principle.

Whether its essence be material or immaterial?

The question unsatisfactory and pregnant with errors, since neither term affords a distinct idea.

Essence of matter not known: nor many of its most active qualities.

Its relation to light, heat, magnetism, and electricity not known.

Immaterial essences totally unknown.

Whether extension be a distinctive property of matter.

Whether possessed by space.

In the present day acknowledged to be incorporeal.

Is the essence of the mind, soul, or spirit, material or immaterial? The question, at first sight, appears to be of the utmost importance and gravity; and to involve nothing less than a belief or disbelief, not, indeed, in its divine origin, but in its divine similitude and immortality. Yet I may venture to affirm, that there is no question which has been productive of so little satisfaction, or has laid a foundation for wider and wilder errors within the whole range of metaphysics. And for this plain and obvious reason, that we have no distinct ideas of the terms, and no settled premises to build upon. Corruptibility and incorruptibility, intelligent and unintelligent, organised and inorganic, are terms that convey distinct meanings to the mind, and impart modes of being that are within the scope of our comprehension. But materiality and immateriality are equally beyond our reach. Of the essence of matter we know nothing, and altogether as little of many of its more active qualities: insomuch that, amidst all the discoveries of the day, it still remains a controvertible position, whether light, heat, magnetism, and electricity are material substances, material properties, or things superadded to matter, and of a higher nature.

If they be matter, gravity and ponderability are not essential properties of matter, though commonly so regarded. And if they be things superadded to matter, they are necessarily immaterial, and we cannot open our eyes without beholding innumerable proofs of material and immaterial bodies co-existing and acting in harmonious union through the entire frame of nature. But if we know nothing of the essence, and but little of the qualities of matter, of that common substrate which is diffused around us in every direction, and constitutes the whole of the visible world, what can we know of that which is immaterial? of the full meaning of a term that, in its strictest sense, comprehends all the rest of the immense fabric of actual and possible being; and includes, in its vast circumference, every essence and mode of essence of every other being, as well below as above the order of matter, and even that of the Deity himself?

Shall we take the quality of extension as the line of separation between what is material and what is immaterial? This, indeed, is the general and favourite distinction brought forward in the present day: but it is a distinction founded on mere conjecture, and which will by no means stand the test of enquiry. Is space extended? every one admits it to be so. But is space material? is it body of any kind? Descartes, indeed, contended that it is body, and a material body; for he denied a vacuum, and asserted space to be a part of matter itself: but it is probable that there is not a single espouser of this opinion in the present day. If, then, extension belong equally to matter and to space, it cannot be contemplated as the peculiar and exclusive property of the former; and if we allow it to immaterial space, there is no reason why we should not allow it to immaterial spirit. If extension appertain not to the mind or thinking principle, the latter can have NO PLACE of existence; it can exist NO WHERE: for WHERE or PLACE is an idea that cannot be separated from the idea of extension. And hence the metaphysical immaterialists of modern time freely admit that the mind has NO PLACE of existence; that it does exist NO

WHERE; while, at the same time, they are compelled to allow, that the immaterial Creator, or universal Spirit, exists EVERY WHERE, substantially as well as virtually.

Nor let it be supposed, that the difficulty is removed by adding to matter the quality of solidity in conjunction with that of extension, and hence distinguishing it as possessed of SOLID EXTENT; for the quality of solidity is less characteristic of it than any we have thus far taken notice of, and is perpetually fleeing from us as we pursue it. That matter is infinitely divisible we dare not say, because we should hereby reduce it to mathematical points, and because, also, there would, in such case, be no certain or permanent basis to build upon, and to ensure a punctuality of material cause and effect; and hence Sir Isaac Newton was obliged to suppose, that it is possessed of ultimate atoms which are solid and unchangeable. But of these the senses can trace nothing, and our admission is nothing more than conjectural.

Let not the author, however, be misunderstood upon this abstruse and difficult subject. That the mind has a DISTINCT NATURE and is a DISTINCT REALITY from the body, that it is gifted with immortality, endowed with reasoning faculties, and capacified for a state of separate existence after the death of the corporeal frame to which it is attached, are, in his opinion, propositions most clearly deducible from revelation, and, in one or two points, adumbrated by a few shadowy glimpses of nature. And that it may be a substance strictly IMMATERIAL and ESSENTIALLY DIFFERENT from matter is both possible and probable; and will hereafter, perhaps, when faith is turned into vision, and conjecture into fact, be found to be the true and genuine doctrine upon the subject. But till this glorious era arrive; or till, antecedently to it, it be proved, which it does not hitherto seem to have been, that matter, itself of divine origin, gifted even at present, under certain modifications, with instinct and sensation, and destined to become immortal hereafter, is physically incapable, under some still more refined, exalted, and spiritualised modification, of exhibiting the attributes of the soul; of being, under such a constitution, endowed with immortality from the first, and capacified for existing separately from the external and grosser frame of the body; and that it is beyond the power of its own Creator to render it intelligent, or to give it even brutal perception, the argument must be loose and inconclusive; it may plunge us, as it has plunged thousands already, into errors, but can never conduct us to demonstration. It may lead us, on the one hand, to the proud Brahminical and Platonic belief, that the essence of the soul is the very essence of the Deity, and consequently a part of the Deity himself; or, on the other, to the gloomy regions of modern materialism, and to the cheerless doctrine that it dies and dissolves in one common grave with the body.

It is no fair objection, however, against the immaterialist, that, by contemplating the mind as a distinct essence from that of the body, man is hereby rendered a compound being, possessing at one and the same time two distinct lives mysteriously united in an individual frame, and running in parallel lines till the hour of death. For whilst the known and obvious laws and faculties of the mind and body are so widely different, as they are acknowledged to be

CLASS IV.
III. Intellectual principle.

Whether solidity be a property of matter. Apparently not:

but obliged to be taken for granted.

Real character of the mind as deducible from natural and revealed evidence;

but its actual essence unknown,

and the question concerning it on the one hand has engendered pride:

on the other is full of gloom.

In almost every view of the subject, man is a compound being;

CLASS IV.
III. Intellectual principle.
and peculiarly
so regarded by
most sceptical
physiologists of
modern times.

Hypothesis of
Dumas :
of Bichat.

Hypothesis of
Richerand and
Magendie.

on all hands, some such composite union has been and must be allowed under every hypothesis whatever. And least of all have the sceptical physiologists of the present day any right to triumph upon such an objection; who, drawing no light from nature, and rejecting that of sacred writ, contemplate the mind as formed of the same gross modification of matter as the body, and doomed to fall with it into one common and eternal dissolution. For even these acute materialists, with all the aid of physiological, anatomical, and chemical research, instead of simplifying the human fabric, have made it more clumsily complex, and represented it sometimes, indeed, as a duad, but of late more generally as a triad, of unities, a combination of a corruptible life within a corruptible life two or three deep, each possessing its own separate faculties or manifestations, but covered with a common outside.

This remark more especially applies to the philosophers of the French school: and particularly to the system of Dumas*, as modified by Bichat; under which more finished form man is declared to consist of a pair of lives, each distinct and co-existent under the names of an organic and an animal life; with two distinct assortments of sensibilities, an unconscious and a conscious. Each of these lives is limited to a separate set of organs, runs its race in parallel steps with the other; commencing coetaneously and perishing at the same moment.† This work appeared at the close of the past century, was read and admired by most physiologists, credited by many, and became the popular production of the day. Within ten or twelve years, however, it ran its course, and was as generally either rejected or forgotten even in France; and M. Richerand first, and M. Magendie since, have thought themselves called upon to modify Bichat, in order to render him more palatable, as Bichat had already modified Dumas. Under the last series of remodelling, which is that of M. Magendie, we have certainly an improvement, though the machinery is quite as complex. Instead of two distinct lives, M. Magendie presents us with two distinct sets or systems of action or relation, each of which has its separate and peculiar functions, a system of nutritive action or relation, and a system of vital. To which is added, by way of appendix, another system, comprising the functions of generation.‡ Here, however, the brain is not only the seat, but the organised substance, of the mental powers: so that, we are expressly told, a man must be as he is made in his brain, and that education, and even logic itself, is of no use to him. "There are," says M. Magendie, "justly celebrated persons who have thought differently; but they have hereby fallen into grave errors." A Deity however is allowed to exist, because, adds the writer, it is comfortable to think that he exists, and on this account the physiologist cannot doubt of his being. "L'intelligence de l'homme," says he, "se compose de phénomènes tellement différens de tout ce que présente d'ailleurs la nature, qu'on les rapporte à un être particulier qu'on regarde comme une émanation de la Divinité. Il est trop consolant de croire à cet être, pour que le physiologiste mette en doute son existence; mais la sévérité de langage ou de

* Principes de Physiologie, 4 tom. 8vo. Par. 1800—3.

† Recherches sur la Vie et la Mort, &c.

‡ Précis Elémentaire de Physiologie, 2 tom. 8vo. Paris, 1816, 1817.

logique que comporte maintenant la physiologie exige que l'on traite de l'intelligence humaine comme si elle était le résultat de l'action d'un organe. En s'écartant de cette marche, des hommes justement célèbres sont tombés dans des *graves erreurs*; en la suivant, on a, d'ailleurs, le grand avantage de conserver la même méthode d'étude, et de rendre très-faciles des choses qui sont envisagées généralement comme presque au-dessus de l'esprit humain." — "Il existe une science dont le but est d'apprendre à raisonner justement, c'est *la logique*; mais le jugement erroné ou l'esprit faux (for judgment, genius, and imagination, and therefore false reasoning, all depend on organisation) tiennent à l'organisation. Il est impossible de se changer à cet égard; nous restons tels que *la nature* nous a faits." *

CLASS IV.
III. Intellectual principle.

Dr. Spurzheim has generally been considered, from the concurrent tenour of his doctrines, as belonging to the class of materialists; but this is to mistake his own positive assertion upon the subject, or to conclude in opposition to it. He speaks, indeed, upon this topic with a singular hesitation and reserve, more so, perhaps, than upon any other point whatever; but as far as he chooses to express himself on so abstruse a subject, he regards the soul as a distinct being from the body, and at least intimates, that it *may be* nearer akin to the Deity. Man is with him also possessed of two lives, an AUTOMATIC and an ANIMAL; the first produced by organisation alone, and destitute of consciousness; the second possessed of consciousness dependent on the soul, and merely manifesting itself by organisation. "We do not," says he, "attempt to explain how the body and soul are joined together and exercise a mutual influence. We do not examine what the soul can do without the body. Souls, so far as we know, may be united to bodies at the moment of conception or afterwards; they may be different in all individuals, or of the same kind in every one; they may be emanations from God, or something essentially different." † The mind of this celebrated craniologist seems to be wonderfully sceptical and bewildered upon the subject, and studiously avoids the important question of the capacity of the soul for an independent and future existence; but, with the above declarations, he cannot well be arranged in the class of materialists.

Hypothesis of Spurzheim.

The hypothesis adopted by Mr. Lawrence ‡, and which is nearly the same as that of Bichat § and Cuvier ||, is altogether of a different kind; and, though undoubtedly much simpler than any of the preceding, does not seem to be built on a more stable foundation. According to his view of the subject, organised differs from inorganised matter merely by the addition of certain PROPERTIES which are called vital, as sensibility and irritability. Masses of matter endowed with these new PROPERTIES become organs and systems of organs, constitute an animal frame, and execute distinct

Hypothesis of Lawrence simpler, but its basis not more stable.

* Précis Elémentaire, &c. ut suprà, passim.

† Physiognomical System, &c. p. 253. 8vo. Lond. 1815.

‡ Introduction to Comparative Anatomy and Physiology, &c. 8vo. 1816.

§ "La vie est l'ensemble des fonctions qui résiste à la mort." Recherches Physiologiques sur la Vie et la Mort, art. 1.

|| "Dans chaque être, la vie est un ensemble qui résulte de l'action et de la réaction mutuelle de toutes ses parties." Le Règne Animal, tom. i.; Introd., p. 16.

CLASS IV.
III. Intellectual principle.

Regards life as a mere property of matter, occasional and accidental: without any real essence: a mere assemblage of purposes, or series of phenomena.

Hence the human frame a barrel-organ, and life the music it plays, ceasing as the music ceases, when the machine will no longer work.

This hypothesis not new:

but started by Aristoxenus, a pupil of Aristotle, who thus illustrated it, and named it the system of harmony.

Opposed by all the other sects of materialists in his day:

especially by the Epicureans;

sets of PURPOSES or FUNCTIONS, for functions and purposes carried into execution are here synonymous. "Life is the assemblage of ALL the functions (or purposes), and the general result of their exercise."*

Life, therefore, upon this hypothesis, instead of being a twofold or threefold reality, running in a combined stream, or in parallel lines, has no reality whatever. It has no ESSE or independent existence. It is a mere assemblage of PURPOSES, and accidental or temporary PROPERTIES: a series of phenomena†, as Mr. Lawrence has himself correctly expressed it;—a name without a thing. "We know not," says he, "the nature of the link that unites these phenomena, though we are sensible that a connection must exist; and this conviction is sufficient to induce us to give it a NAME, which the VULGAR regard as the sign of a particular principle; though in fact that name can only indicate the ASSEMBLAGE OF THE PHENOMENA which have occasioned its formation."‡

The human frame is, hence, a barrel-organ, possessing a systematic arrangement of parts, played upon by peculiar powers, and executing particular pieces or purposes; and life is the music, produced by the general assemblage or result of the harmonious action. So long as either the vital or the mechanical instrument is duly wound up by a regular supply of food or of the wince, so long the music will continue: but both are worn out by their own action; and when the machine will no longer work, the life has the same close as the music; and in the language of Cornelius Gallus, as quoted and appropriated by Leo X.,

—redit in nihilum, quod fuit ante nihil.

There is, however, nothing new either in this hypothesis or in the present explanation of it. It was first started, in the days of Aristotle, by Aristoxenus, a pupil of his, who was admirably skilled in music, and by profession a physician. It was propounded to the world under the name of the system of HARMONY, either from the author's fondness for music, or from his comparing the human frame to a musical instrument, and his regarding life as the result of all its parts acting in accordance, and producing a general and harmonious effect.

How far Mr. Lawrence's revised edition of this hypothesis may prove satisfactory to other classes of materialists I cannot tell: but if he should succeed, he will be more fortunate than Aristoxenus, who pleased neither the other materialists, nor the immaterialists, of his day. From the latter, indeed, he could expect no countenance: but even the Epicureans, though they held that the mind was corruptible, as formed of matter, which they had no reason to believe was then or ever would be otherwise than corruptible under any modification whatever, held, at the same time, that it had a substantive existence, distinct from that of the grosser frame of the body, and possessed of other and far higher properties; being formed of the finest, lightest, smoothest, and most moveable material elements, and hence exquisitely etherialised and volatile:

* Introduction to Comparative Anatomy and Physiology, &c. p. 120.

† Ibid., p. 122.

‡ Ibid.

— est animi natura reperta
Mobilis egregie, perquam constare necesse est
Corporibus parvis, et lævibus, atque rotundis.*

CLASS IV.
III. Intellectual principle.

The atomic philosophers, therefore, joined with the Platonists and Stoics in opposing the system of harmony, and that chiefly upon the two following grounds, which will apply with as much force to its present as to its primary form. First, admitting that an assemblage and exercise of ALL the functions of the machine are necessary to maintain the phenomena of life, we are left as much in the dark as ever concerning the nature of the principle, by which this harmonious instrument becomes gradually developed, and is kept in perpetual play. And, next, that the life or well-being of the animal frame does not depend upon an assemblage and exercise of ALL its functions or purposes; since the mind may be diseased while the body remains unaffected, or the body may lose some of its own organs, while the mind, or even the general health of the body itself, may continue perfect.†

who united with the Platonists and Stoics.

Their grounds of opposition applicable to the same doctrine in its present modification.

In the darkness, therefore, which continues to hang over the mysterious subject before us, I feel incompetent to enter into the question concerning the actual essence of the mind, and am perfectly content to take its general nature, powers, and destiny, from the only volume which is capable of giving us any decided information upon the subject; to follow it up as far as that volume may guide us; and to stop where it withdraws its assistance.

General result and general duty.

Closely connected with the present question is another of nearly as much perplexity, and the consideration of which has not been attended with much more success, but which must not be passed by on the present occasion without being glanced at.

Another subject closely connected herewith.

Whatever be the nature or substance of the mind, the brain is the organ in which it holds its seat, and whence it maintains an intercourse with the surrounding world. Now it must be obvious to every one who has attended to the operation of his senses, that there never is nor can be any direct communication between the mind, thus stationed in the brain, and the external objects the mind perceives; which are usually, indeed, at some distance even from the sense that gives notice of them. Thus, in looking at a tree, it is the eye alone that beholds the tree, while the mind only perceives a notice of its presence, by some means or other, from the visual organ. So, in touching this table, it is my hand alone that comes in contact with it, and communicates to my mind a knowledge of its hardness and other qualities. What then is the medium by which such communication is maintained? which enables the mind to have a perception of the form, size, colour, smell, and even distance of objects, correspondent with that of the senses which are seated on the surface of the body? and which, at the same time that it conveys this information, produces such an additional effect, that the mind is able, at its own option, to call up an exact notion or idea of those qualities at a distant period, or when the objects themselves are no longer present? Is there, or is there not, any resemblance between the external or sensible object, and the internal or mental idea or notion? If there be a

By what means the mind maintains an intercourse with the surrounding world.

No direct communication:

rarely even between the external senses and the external objects.

What then is the medium of communication?

How attempted to be explained by former hypotheses,

* Lucret., De Rer. Nat. III. 204.

† Ibid. III. 105—266. Lactant. in Vit. Epicur. Polignac. Anti-Lucret., lib. v. 923.

CLASS IV.
III. Intellectual principle.
Explanation
of Epicurus.

Of Aristotle.

Of Plato and
later psychologists.

Of Berkeley
and Hume.

The obscurity
of the subject
proved by the
nature of the
questions proposed.

These hypotheses thrown
down by
later writers,
who have little
succeeded in
establishing
any other.

The difficulty
felt by Locke,
who studiously
avoided the
abstruser part
of the subject,
and elucidated
what was capable
of elucidation
in his
Essay on
Human Understanding.

Character of
this work.

resemblance, in what does that resemblance consist? and how produced and supported? Does the external object throw off representative likenesses of itself in films, or under any other modification, so fine as to be able, like the electric or magnetic aura, to pass without injury from the object to the sentient organ, and from the sentient organ to the sensory, or mental presence-chamber? or has the mind itself a faculty of producing, like a mirror, accurate countersigns, intellectual pictures or images correspondent with the sensible images communicated from the external object to the sentient organ? If, on the contrary, there be no resemblance, are the mental perceptions mere notions, or intellectual symbols excited in the mind by the action of the external sense; which, while they bear no similitude to the qualities of the object discerned, answer the purpose of those qualities, as letters answer the purpose of sounds? or are we sure, that there is any external world whatever; any thing beyond the intellectual principle that perceives and the sensations and notions that are perceived; or even any thing beyond those sensations and notions, those impressions and ideas themselves?

Several of these questions may, perhaps, appear in no small degree whimsical and brain-sick, and more worthy of St. Luke's than of a work of physiological study; but all of them, and at least as many more, of a temperament as wild as the wildest, have been asked and insisted upon, and supported again and again in different ages and countries, from the zenith of Grecian science down to our own day, by philosophers of the clearest intellects in other respects, and who had no idea of labouring under any such mental infirmity, nor ever dreamed of the necessity of being blistered and taking physic.

The nature of the questions themselves, therefore, when put by the characters referred to, sufficiently manifest the obscurity of the subject to which they relate; and to enter into the discussions to which they have given rise, would lead us to an irrecoverable distance from the path before us. Those who are desirous of following them up, and of witnessing an exposure of their absurdity, cannot do better than apply themselves to the metaphysical writings of Dr. Reid, Dr. Beattie, Dr. Campbell, and Professor Stewart; who, if, on the overthrow of so many Babel-buildings, they have not been able to raise an edifice much more substantial in their stead, have only failed from the insuperable difficulty of the attempt.

No man was more sensible of this difficulty than Mr. Locke, nor has taken more pains both to avoid what is unintelligible and unprofitable, and to elucidate what may be turned to a good account and brought home to an ordinary comprehension. It was his imperishable Essay on Human Understanding that gave the first check to the wild and visionary conceits in which the most celebrated luminaries of the age were at that time engaged; recalled mankind from the chasing of shadows to the study of realities, from a pursuit of useless and inexplicable subtleties to that of important and cognoscible subjects; or rather to the only mode in which the great enquiry before him could be followed up with any reasonable hope of success or advantage.

To this elaborate and wonderful work, which has conferred an ever-during fame, not only on its matchless author, but on the

nation to which he belonged, and even the age in which he lived, the physiologist cannot pay too close an attention. It is, indeed, of the highest importance to every science, as teaching us the elements of all science, and the only mode by which science can be rendered really useful, and carried forward to ultimate perfection; but it is of immediate importance to every branch of physical knowledge, and particularly to that which is employed in unfolding the structure of the mind, and its connection with the visible fabric that encloses it. It may, perhaps, be somewhat too long; it may occasionally embrace subjects which are not necessarily connected with it; its terms may not always be precise, nor its opinions in every instance correct; but it discovers intrinsic and most convincing evidence, that the man who wrote it must have had a head peculiarly clear, and a heart peculiarly sound: it is strictly original in its matter, highly important in its subject, luminous and forcible in its argument, perspicuous in its style, and comprehensive in its scope. It steers equally clear of all former systems: we have nothing of the mystical archetypes of Plato, the incorporeal phantasms of Aristotle, or the material species of Epicurus; we are equally without the intelligible world of the Greek schools, and the innate ideas of Descartes. Passing by all which, from actual experience and observation, it delineates the features and describes the operations of the human mind with a degree of precision and minuteness which has never been exhibited either before or since; and stands, and probably ever will stand, like a rock, before the puny waves of opposition by which it has since been assailed from various quarters. The author may speak of it with warmth, but he speaks from a digested knowledge of its merits: for he has studied it thoroughly and repeatedly; and there is, perhaps, no book, to which he is so much indebted for whatever small degree of discrimination, or habit of reasoning, he may possibly be allowed to lay claim to.

Upon one point he is perfectly clear, namely, that the chief objections, at any time urged against this celebrated production, have proceeded from an utter mistake of its meaning, of which he could give numerous instances, if such a digression were allowable, from the writings of many who have the credit of having studied it profoundly. The remark applies to several of the most popular psychologists of both North and South Britain, but especially to those of the Continent, and more particularly still to M. Condorcet, from whom the French in general have received an erroneous idea of several of its leading doctrines. It is to this book the medical student ought to turn himself for a knowledge of the laws that regulate the developement and growth of the mind, as he should do to the labours of Haller or Hunter for a knowledge of those that regulate the developement and growth of the body, and I shall hence draw largely upon it through the remainder of this introduction.

The whole then of the metaphysical rubbish of the ancient schools being cleared away by the purging and purifying energy of the Essay on Human Understanding, mankind have since been enabled to contemplate the body and mind as equally, at birth, a *tabula rasa*, or unwritten sheet of paper; as consisting equally of a blank or vacuity of impressions; but as equally capable of acquiring impressions by the operation of external objects,

CLASS IV.
III. Intellectual principle.

Avoids all the unintelligible jargon of former times; and clearly develops the growth and features of the mind from its earliest appearance.

Has been misunderstood in some essential points,

especially in France.

Gives to the medical student the physiology of the mind: as Haller and Hunter give that of the body.

What the mind is when first formed.

CLASS IV.
III. Intellectual principle.

Power or faculties of the mind compared with those of the body.

Possibly a few slight impressions produced before birth; and certainly instinctive tendencies.

First impression of external objects.

Idea, what, as employed by Locke.

Ideas of sensation.

Action of the mind on itself.

Ideas of reflection.

Ideas are therefore of two kinds, objective and subjective; and only derived from these two sources.

Number and nature of the ideas we possess measured by the activity of the mind.

and equally and most skilfully endowed with distinct powers or faculties for this purpose: those of the body being the external senses of sight, hearing, smell, taste, and touch; and those of the mind, the internal senses of perception, reason, judgment, imagination, and memory.

It is possible that a few slight impressions may be produced a short time antecedently to birth; and it is certain that various instinctive tendencies, which, however, have no connection with the mind, are more perfect, because more needful, at the period of birth than ever afterwards; and we have also frequent proofs of an hereditary or accidental predisposition towards particular subjects. But the fundamental doctrine before us is by no means affected by such collateral circumstances.

External objects first impress or operate upon the outward senses; and these senses, by means hitherto unexplained, and perhaps altogether inexplicable, immediately impress or operate upon the mind, or excite in it perceptions or ideas of the presence and qualities of such objects; the word idea being here employed, not in any of the significations of the schools, but in its broad popular meaning, as importing "whatever a man observes, and is conscious to himself he has in his mind*," whatever was formerly intended by the terms archetype, phantasm, species, thought, notion, or conception, or whatever else it may be which we can be employed about in thinking.† And to these effects Mr. Locke gave the name of *ideas of SENSATION*, in allusion to the source from which they are derived.

But the mind, as we have already observed, has various powers or faculties as well as the body, and they are quite as active and lively in their respective functions; in consequence of which the ideas of external objects are not only perceived, but retained, thought of, compared, compounded, abstracted, doubted, believed, desired: and hence another fountain, and of a very capacious flow, from which we also derive ideas; viz. a reflex act or perception of the mind's own operations, whence the ideas derived from this fountain are denominated *ideas of REFLECTION*.

The ideas, then, derived from these two sources, and which have sometimes been called OBJECTIVE and SUBJECTIVE, constitute all our experience, and, consequently, all our knowledge. Whatever stock of information a man may be possessed of, however richly he may be stored with taste, learning, or science, if he turn his attention inwards, and diligently examine his own thoughts, he will find that he has not a single idea in his mind, but what has been derived from the one or the other of these two channels. But let not this important observation be forgotten by any one; that the ideas the mind possesses will be fewer or more numerous, simpler or more diversified, clear or confused, according to the number of the objects presented to it, and the extent of its reflection and examination. Thus a clock or a landscape may be for ever before our eyes; but unless we direct our attention to them, and study their different parts, although we cannot be deceived in their being a clock or a landscape, we can have but a very inadequate idea of their character and composition.

* Locke, on Human Understanding, b. I. ch. i. § 3.

† Id., b. I. ch. i. § 8.

The ideas presented to the mind, from which soever of these two sources derived, are of two kinds—SIMPLE and COMPLEX.

SIMPLE IDEAS consist of such as are limited to a single notion or perception; as those of unity, darkness, light, sound, simple pain or uneasiness. And in the reception of these the mind is passive; for it can neither make them to itself, nor can it, in any instance, have any idea which does not wholly consist of them; or, in other words, it cannot contemplate any one of them otherwise than in its totality.

COMPLEX IDEAS are formed out of various simple ideas, associated together or contemplated derivatively. And to this class belong the ideas of an army, a battle, a triangle, gratitude, veneration, gold, silver, an orange, an apple; in the formation of all which it must be obvious that the mind is active, for it is the activity of the mind alone that produces the complexity out of such ideas as are simple. And that the ideas I have now referred to are complex, must be plain to every one; for every one must be sensible, that the mind cannot form to itself the idea of an orange, without uniting into one aggregate the simple ideas of roundness, yellowness, juiciness, and sweetness; and so of the rest.

Complex ideas are formed out of simple ideas by many operations of the mind; the principal of which, however, are some combination of them, some abstraction, or some comparison. Let us take a view of each of these.

And first of complex ideas of COMBINATION. Unity, as I have already observed, is a simple idea; and it is one of the most common simple ideas that can be presented to the mind; for every object without, and every notion within, tend equally to excite it: and being a simple idea, the mind, as I have also remarked, is passive on its presentation: it can neither form such an idea to itself, nor contemplate it otherwise than in its totality; but it can combine the ideas of as many units as it pleases, and hence produce the complex idea of a hundred, a thousand, or a hundred thousand. So beauty is a complex idea; for the mind, in forming it, combines a variety of separate ideas into one common aggregate. Thus Dryden, in delineating the beautiful Victoria in his *Love Triumphant*,

Her eyes, her lips, her cheeks, her shape, her features,
Seem to be drawn by Love's own hand; by Love
Himself in love.

In like manner the mind can produce complex ideas by an opposite process; and that is by ABSTRACTION or separation. Thus chalk, snow, and milk, though agreeing, perhaps, in no other respect, coincide in the same colour; and the mind, contemplating this agreement, may abstract or separate the colour from the other properties of these three objects, and form the idea which is indicated by the term *whiteness*; and having thus acquired a new idea by the process of abstraction, it may afterwards apply it as a character to a variety of other objects; and hence particular ideas become general or universal.

Other complex ideas are produced by COMPARISON. Thus, if the mind take one idea, as that of a foot, as a determinate measure,

CLASS IV.

III. Intellectual principle.

Ideas of two descriptions from each of the above sources.

Simple ideas, what.

Complex ideas, what.

Formed out of simple ideas by various mental operations.

Complex ideas of combination.

Complex ideas of abstraction.

Complex ideas of comparison.

CLASS IV.
III. Intellectual principle.

Hence complex ideas far more numerous than simple.

Ideas possess a natural correspondence, or a natural congruity.
Exemplified.

Office of reason to trace out these congruities and incongruities; a just perception of them a proof of a sound mind, and a source of real knowledge.

Wise man, what.

Ignorant man.

Man of sagacity.

Man of dulness.

Man of wit, genius, and imagination.

Madman :

or out of his judgment.

Association of ideas.

Sympathies and antipathies : whims and prejudices.

and place it by the side of another idea, as the idea of a table, the result will be a formation of the complex idea of length, breadth, and thickness. Or, if we vary the primary idea, we may obtain, as a result, the secondary ideas of coarseness and fineness.

And hence complex ideas must be almost infinitely more numerous than simple ideas, which are their elements or materials ; as words must be always far more numerous than letters. I have instanced only a few of their principal kinds, and have applied them only to a few of the great variety of subjects to which they are referable, and by which they are elucidated, in the great work on Human Understanding.

It must, however, from this imperfect sketch, appear obvious that many of our ideas have a NATURAL CORRESPONDENCE, congruity, and connection with each other ; and as many, perhaps, on the contrary, a NATURAL REPUGNANCY, incongruity, and disconnection. Thus, if I were to speak of a cold fire, I should put together ideas that are naturally disconnected and incongruous ; and should consequently make an absurd proposition, or, to adopt common language, talk nonsense. I should be guilty of the same blunder if I were to talk of a square billiard-ball, or a soft reposing rock ; but a warm fire, on the contrary, a white or even a black billiard-ball, and a hard, rugged rock, are congruous ideas, and consequently consistent with good sense. Now it is the direct office of that discursive faculty of the mind, which we call reason, to trace out these natural coincidences or disjunctions, and to connect or separate them by proper relations : for it is a just perception of the natural connection and congruity, or of the natural repugnancy and incongruity of our ideas, that shows a sound mind, and constitutes real knowledge. The wise man is he who has industriously laid in and carefully assorted an extensive stock of ideas ; as the stupid or ignorant man is he who, from natural hebetude, or having had but few opportunities, has collected and arranged but a small number. The man, who discovers the natural relations of his ideas quickly, is a man of sagacity ; and, in popular language, is said, and correctly so, to possess a quick, sharp intellect : the man, on the contrary, who discovers these relations slowly, we call dull or heavy. If he rapidly discover and put together relations that lie remote, and perhaps touch only in a few points, but those points striking and pleasant, he is a man of wit, genius, or brilliant fancy, of agreeable allusion and metaphor : if he intermix ideas of fancy with ideas of reality, those of reflection with those of sensation, and mistake the one for the other, however numerous his ideas may be, and whatever their order of succession, he is a madman ; he reasons from false principles, and, as we say in popular language, and with perfect correctness, is out of his judgment.

Finally, our ideas are very apt to ASSOCIATE or run together in trains ; and, upon this peculiar and happy disposition of the mind, we lay our chief dependence in sowing the seeds of education. It often happens, however, that some of our ideas have been associated erroneously, and even in a state of early life, before education has commenced ; and hence, from the difficulty of separating them, most of the sympathies and antipathies, the whims and prejudices, that occasionally haunt us to the latest period of old age.

Such, then, is the manner in which the mind, at first a sheet of white paper, without characters of any kind, becomes furnished with that vast store of ideas, the materials of wisdom and knowledge, which the busy and boundless fancy of man paints upon it with an almost endless variety. The whole is derived from experience, THE EXPERIENCE OF SENSATION OR OF REFLECTION; from the observations of the mind employed either about external sensible objects, or the internal operations of itself, perceived and reflected upon by its own faculties.

These FACULTIES are to the mind what organs are to the body: they are its ministers in the production, combination, and resolution of different trains of ideas, and in supplying it with the results of its own activity. We sometimes, however, are apt to speak of them as distinct and separate existences from the mind, or as possessing a sort of independent entity, and as controlling one another by their individual authorities, and occasionally, indeed, as controlling the mind itself: for we accustom ourselves to describe the will as being overpowered by the judgment; or the judgment as being overpowered by the imagination; or the mind itself as being carried headlong by the violence of its own passions. By all which, however, we only mean, or should only mean, that the mind does not, on such occasions, exert its own faculties in a fitting or sober manner, or that from some diseased affection it is incapable of doing so. For the faculties of the mind are so many powers; and, as powers, are mere attributes of the being or substance to which they belong, and not the being or substance itself. These, therefore, being all different powers in the mind or in the man to do several actions, he exerts them as he thinks fit; but the power to do one action is not operated upon by the power to do another action: for the power of thinking operates not on the power of choosing, nor the power of choosing on the power of thinking; any more than the power of dancing operates on the power of singing, or the power of singing on the power of dancing*, as any one who reflects on these things will easily perceive.

The body has its feelings, and the mind has its feelings also; and it is the feelings of the latter which we call PASSIONS, a mere Latin term for the feelings or sufferings of colloquial language. The feelings of the body are numerous and diversified, as those of simple ache or ease, hunger, thirst, heat, cold, and a multitude of others. Those of the mind are still more numerous and more diversified, for they comprise the multifarious train of grief, joy, love, hatred, avarice, ambition, conceit, and perhaps hundreds more: all which, whether of body or mind, Mr. Locke has endeavoured to resolve into different modifications of pleasure or pain, according as they are productive of good or evil.

But the analogy we are thus conducting between the mind and the body holds much farther; for as the latter is subject to DISEASES OF VARIOUS KINDS, so also is the former. The body may be enfeebled in all its powers, in only a few of them, or in only a single one. So also may the mind: — “The powers of perception and imagination,” observes M. Pinel, “are frequently dis-

CLASS IV.

III. Intellectual principle.
General recapitulation.

Hence faculties to the mind what organs are to the body.

Often spoken of as distinct existences, but erroneously.

Exemplified.

Faculties merely distinct powers; and all distinct from each other.

The mind has also its feelings as well as the body.

These are called passions.

Numerous and diversified.

Examples.

Hence the mind subject to various diseases as well as the body.

* Locke, p. 129.

CLASS IV.
 III. Intellectual principle.
 Those diseases may be also constitutional and permanent, periodical and recurrent, accidental and temporary.
 Illustrated.

When the deviations from perfect soundness of body slight, hardly called diseases; but only when severe or extreme.

The same in the faculties of the mind: slight aberrations scarcely noticed, but when strongly marked, real diseases.
 The mind and body reciprocally influence each other.

Hence the mind an interesting piece of study to the pathologist.

turbed without any excitement of the passions. The functions of the understanding, on the other hand, are often perfectly sound, while the man is driven by his passions to acts of turbulence and outrage." And these infirmities, whether of body or mind, may be constitutional and permanent, periodical or recurrent, or merely incidental and temporary. The body may be of a sanguineous temperament, of a plethoric temperament, of a nervous or irritable temperament; and the mind may, in like manner, possess an overweening confidence and courage, be characteristically dull and inactive, or be ever goaded on by restlessness and eager desire: it may be quick in apprehension and taste, but weak in memory; strong in judgment, but slow in imagination; or feeble in judgment, but rapid in imagination: its feelings or passions may be sluggish, or all alive; or some passion may be peculiarly energetic, while the rest remain at the temperate point.

When the corporeal deviations from the standard of high health are but slight, they are scarcely entitled to the name of diseases—but when severe or extreme, they become subjects of serious attention. It is the same with the different states of the mind, with which I have just contrasted them. While several, or even all the mental faculties are slightly weak or sluggish, or inaccordant with the action of the rest, they are scarcely subjects of medical treatment—for otherwise half the world would be daily consigned to a strait waistcoat: but when the same changes become striking and strongly marked, they are real DISEASES OF THE INTELLECT; and, in the ensuing order, the genera will be found taken from the peculiar faculties of the mind that chance to be thus affected.

The mind and the body bear also, in many cases, a reciprocal influence on each other; which is sometimes general, and sometimes limited to particular faculties or functions. It is hence that fever or cephalitis produces delirium, and vapours or low spirits dyspepsy.

The mind, therefore, like the body, becomes an interesting field of study to the pathologist, and opens to his view an additional and melancholy train of diseases. It is these which will constitute the subject of the first order of the class we have now entered upon, and which are entitled to a deep and collected attention.

CLASS IV. NEUROTICA.

ORDER I. PHRENICA.

DISEASES AFFECTING THE INTELLECT.

ERROR, PERVERSION, OR DEBILITY OF ONE OR MORE OF THE
MENTAL FACULTIES.

THE word PHRENICA is Greek, from the Greek noun φρήν, "the mind" or "intellect." The diseases comprised in the order are so closely associated with each other, that, however the ordinal names may differ in different systems of nosology, they are, for the most part, grouped in some form or other under a correspondent division. And hence the present order will be found to run nearly parallel with the Deliria of Sauvages, the Mentales of Linnéus, the Paranoïæ of Vogel, the Vesaniæ of Cullen, and still more with those of Crichton, and the Aliénation mentale of Pinel: although the generic divisions are widely different from all of them, and are attempted to be rendered something clearer and more exact. The order comprehends the six following:—

CLASS IV.
ORDER I.

Origin of the ordinal term.
Comprises diseases closely associated; and hence united in almost all plans of nosology.

- | | |
|----------------|-----------------------|
| I. ECPHRONIA. | INSANITY. |
| II. EMPATHEMA. | UNGOVERNABLE PASSION. |
| III. ALUSIA. | ILLUSION. |
| IV. APHELXIA. | REVERY. |
| V. PARONIRIA. | SLEEP-DISTURBANCE. |
| VI. MORIA. | FATUITY. |

Each of these will be found to include various distinct species of disorder, proceeding from a morbid condition of one or more of the mental faculties or feelings, or an irrespondence of them to others; sometimes originating in a diseased state of the body, and sometimes producing such a state as has already been explained in the preceding proem.*

General character.

* The different forms of madness, or insanity, are classified by Dr. Prichard under the following divisions:—1. *Moral insanity*, or madness consisting in a morbid perversion of the natural feelings, affections, inclination, temper, habits, and moral dispositions, without any notable lesion of the intellect, or knowing and reasoning faculties, and particularly without any maniacal hallucination. 2. *Intellectual insanity*, or madness attended with hallucination; in which the insane person is impressed with the belief of some unreal event, as of a thing which has actually taken place, or in which he has taken up some notion repugnant to his own experience and to common sense, as if it were true and indisputable, and acts under the influence of this erroneous conviction. 3. Another well marked variety, *incoherent madness*, as it was called by Dr. Arnold, in which the whole mind seems to be equally deranged. The most striking pheno-

GENUS I.

ECPHRONIA.

INSANITY. CRAZINESS.

DISEASED PERCEPTION, WITH LITTLE DERANGEMENT OF THE JUDGMENT, OCCASIONALLY SHIFTING INTO DISEASED JUDGMENT WITH LITTLE DERANGEMENT OF THE PERCEPTION; DISTURBING THE MIND GENERALLY; DIMINISHED SENSIBILITY; IRREGULAR REMISSIONS.

GEN. I.
Origin of the
generic term.

THE generic term ECPHRONIA, in the Greek writers *ἐκφρώνη* or *ἐκφροσύνη*, is derived from *ἐκφρων*, "extra mentem"—literally "out of one's mind," as *ἐμφρων* is "mentis compos" or "in one's mind." It is here used, as among the Greeks, generically alone, in the ordinary sense of insanity; and is designed to include the two following species:—

- | | |
|---------------------------|-------------|
| 1. ECPHRONIA MELANCHOLIA. | MELANCHOLY. |
| 2. ————— MANIA. | MADNESS.* |

mena of this case are the rapidity and disorder with which the ideas follow each other, almost without any discoverable connection or association, in a state of complete incoherence and confusion. It is impossible to fix the attention of the patient long enough to obtain a reply to the most simple question. His understanding is wholly lost in the constant hurry of ideas, which crowd themselves upon him, and which appear to exceed the power of distinct utterance, while his habits betray a corresponding degree of restless activity and extravagance. See Cyclop. of Pract. Med., art. INSANITY.

In the truth of the following observation, we must all concur:—"The interests of the public greatly require that medical men, to whom alone the insane can ever properly be intrusted, should have opportunities of studying the forms of insanity, and of preparing themselves for its treatment, in the same manner in which they prepare themselves for the treatment of other disorders. They have at present no such opportunity. During the term allotted to medical study, the student never sees a case of insanity, except by some rare accident. Whilst every hospital is open, every lunatic asylum is closed to him: he can study all diseases but those affecting the understanding—of all diseases the most calamitous." (See Dr. Conolly's Enquiry concerning the Indications of Insanity, 8vo. Lond. 1830. Introd.) No doubt, it was the consideration of the necessity of making some attempt to remedy this defect in medical education now spoken of, that induced the governors of Guy's Hospital to attach a lunatic establishment to it. Dr. Conolly admits, however, that insane patients are not always in a state to be visited by pupils, and that a very strict discipline would be necessary to prevent disorder or impropriety; but he argues, that such arrangements might be made, as would at once guard those patients from disturbance whom it might injure, and present a sufficient number of instructive examples to the student.—Ed.

* The word *mad* is stated by Dr. Armstrong to be derived from the Gothic word *mod*, which signifies rage; and the word *mania*, which the Greeks apply to madness, has the same signification. Melancholy etymologically signifies black bile. Hence, in the ancient writers, the term *mania* is applied to that form of madness in which there is excessive excitement of the system, with violent emotions of the mind; and the term *melancholia*, to that form in which the body and mind are depressed. Hence, also, the terms high madness and low madness. Insanity, from *insanus*, *unsound*, and derangement, from the French, *dérangement*, signifying disorder, are common names for madness. The word lunatic was originally applied only to patients who had lucid intervals, and who were supposed to be under the influence of the moon. Idiocy signifies the con-

Each of these species has been regarded by many nosologists as forming a *genus* of itself, for which there seems to be no just reason. Dr. Cullen has thus arranged them in his Synopsis; but has given them a different arrangement, and a very subordinate place in his Practice of Physic, so that, in the two works, he is, in this respect, altogether at variance with himself. In both, his order is entitled *vesaniæ*, which, in the first, includes fatuity, mania, melancholy, and sleep-disturbance (*oneiroidynia*), as distinct genera; but, in the last, takes for its genera delirium, fatuity, and *oneiroidynia*. He contemplates delirium, moreover, as of two kinds; one combined with fever, and one without: the latter, he tells us, is what we name insanity; and under this latter kind alone, the apyretic delirium or insanity, running synonymously with the present genus *ecphronia*, he proceeds to treat of melancholy and mania as species or subdivisions of it: throwing back the other kind of delirium to the class of fevers, as unconnected with the subject before him. So that, properly speaking, Dr. Cullen's order of *vesaniæ* should run parallel with the present order *phrenica*; the genera of which should be delirium and fatuitas; while mania and melancholy should be the species of delirium or the first genus.

Crichton, Parr, Young, Pinel, and most of the German writers, contemplate these diseases under the same sort of specific subdivision. Parr, indeed, in his article *MANIA*, asserts that both constitute nothing more than *VARIETIES* of one common species: yet, with an inconsistency which, amongst much that is excellent, is too frequently met with in his Dictionary, he changes his opinion in the article *NOSOLOGY*, makes *vesania* the genus, and arranges *melancholia*, mania, and even *oneiroidynia*, as separate species under it.

The distinguishing characters, as the two species are contemplated by the generality of nosologists, are clear. In melancholy the alienation is restrained to a few objects or trains of ideas alone; in madness it is general: in reference to which distinction M. Esquirol has exchanged the term *MELANCHOLY* for that of *MONOMANIA*. And it hence follows, that gloom, gaiety, and mischievousness may equally exist under both species; according as these propensities are limited to a single purpose, or are unconfined and extend to every thing. Occasionally, however, among ancient writers we find melancholy insanity limited to insanity accompanied with gloom or despondency, without any attention to the universality or partiality of the disease: for an undue secretion of *melancholia*, which is only a Greek term for black bile or choler, was supposed to be a common cause of mental dejection, and where it became habitual, to produce a low or gloomy temperament; to which the term *melancholic* has continued to be applied to the present day. And hence the vulgar sense of the term, which is in unison with this view, is at variance with the technical and pathological. Yet the pathologists themselves have not been uniformly true to their own import: for even Dr. Cullen, who has followed

GEN. I.
Ecphronia.
Insanity.
Craziness.

Species differently arranged by different writers.

Arrangement of Cullen inconsistent with himself.

Arrangement of various other writers.

That of Parr self-incongruous.

Melancholy and mania pathognomonically distinguished from each other by the general consent of modern pathologists.

Melancholy differently explained by some ancient writers; whose explanation has entered into popular language:

dition of those who are imbecile from their birth, or become so in consequence of injury or disease of the brain. Delirium, derived from the Latin words *de lirâ*, out of the track, is now generally restricted to the wanderings attendant upon fever. See Armstrong's Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, edited by Joseph Rix, p. 703. 8vo. Lond. 1834. — ED.

GEN. I.
Ecphronia.
Insanity.
Craziness.
and been
followed
technically by
Crichton.

Explanation of
Pinel in one
point incorrect;

that of con-
founding de-
lirium with
ungovernable
passion.

Difficulty of
distinguishing
insanity from
habitual oddity
of temper.

Faculties es-
sentially dis-
eased.

Dufour's hy-
pothesis or
diseased condi-
tion of the ex-
ternal senses.

the technical signification in his Synopsis, by defining melaneholy as "*insania partialis sine dyspepsia*," sometimes adopts the colloquial meaning in his Praetice of Physic, and hereby betrays a confusion which rarely belongs to him; while Sir Alexander Crichton has given himself over completely to the popular, or, as he would perhaps call it, the ancient interpretation of the terms; distinguishing mania, not by the generalisation of the delirium, but by its raving fury or elevated gaiety; and melaneholy, not by a limitation of the delirium to single objects or trains of ideas, but by its concomitant dejection and despondency.

There seems to be an equal incorrectness, though of a different kind, in M. Pinel, whose book is, nevertheless, of great merit. Delirium or wandering is made a pathognomonic symptom in his definition of the genus; in other words, a want of correspondence between the judgment and the perception; and consequently this symptom should be found in every species which he has arranged under it. M. Pinel, however, has given us one species, which has no such symptoms, and which is purposely intended to include cases of what he calls mania without any such discrepance; one which account he has denominated it *mania sans délire*. All such cases, however, are reducible to modifications of rage or ungovernable passion, and ought by no means to be confounded with mania; the judgment being, in these instances, not at variance with the perception, but overpowered by the predominant fury or passion that has been excited. They all belong properly to our next genus; under which they will be considered.

Much difficulty has also been felt in defining ecphronia or insanity, so as to draw the line between real disease and habitual waywardness or oddity*; and hence, while some definitions are so narrow as to set at liberty half the patients at Bethlem, or the Bicêtre, others are so loose and capacious as to give a strait waistcoat to half the world.

M. Dufour undertook with great learning and ingenuity to prove that, as all our knowledge of an external world is derived from the action of the external senses, while mental sanity depends upon the soundness of these senses, mental insanity is alone to be referred to a diseased condition of one or more of them. And, in proof of this, he gives the case of a person, who lost his senses because he could not be persuaded, that the objects he saw in consequence of an incipient cataract arose entirely from that complaint. "When he found, that he could not remove the dark web which appeared to him to be constantly floating before his eyes, he fell into such frequent fits of violent passion that he became quite insane. But as soon as the disease was completed, he became more tractable and submitted to the operation like a reasonable man."

* The following are distinctions, insisted upon by Dr. Conolly, between eccentricity and insanity:—"The man who is merely eccentric, can, if he exert himself, act rationally, and leave off his eccentricity; the lunatic cannot. The eccentric man also commonly justifies his eccentricity more speciously and more calmly; or perhaps laughs at it himself: the madman seldom justifies his peculiarities with much skill, is provoked by contradiction, and is very seldom capable of joining in a laugh which is raised against himself." (Inquiry concerning the Indications of Insanity, p. 139.) Dr. Conolly acknowledges, however, that there are cases on its boundary line, between eccentricity and madness, which seem to bid defiance to all definition; but generally resolvable into the effects of habit in confirming trifling actions, at first performed on some insufficient ground of reasoning. — ED.

But this only shows us that

Ira furor brevis est,

GEN. I.
Ecphronia.
Insanity.
Craziness.

or else that the insanity was caused, not by the cataract, but by the frequent fits of violent passion. Thousands of persons have had cataracts in every form, and other external senses than the eye diseased in every form, and have been born defective in several of these senses, without the least mark of insanity; while other persons, apparently in the most perfect possession of all the five senses, have been stark mad. Hence, the doctrine of M. Dufour boasts of few advocates in the present day.

In insanity or delirium without fever, it is far more obvious, that there is a morbid condition of the judgment, or of the perception, or of both. Mr. Locke, and after him M. Condillac, refers it to the former alone, and characterises madness, in the general sense of the term, by *false judgment*; by a disposition to associate ideas incorrectly, and to mistake them for truths; and hence, says Mr. Locke, "madmen err as men do that argue right from wrong principles."* Dr. Battie, on the contrary, refers madness to the latter faculty alone, and characterises it by *false perception*; but the perceptions in madness seem, for any thing we know to the contrary, to be frequently as correct as in health, the judgment or reasoning being alone diseased or defective.†

Hypothesis of
Locke and
Condillac, or

false judgment.

It is difficult to say which of these two explanations of madness is most imperfect. It is sufficient to observe, that neither of them, taken alone, describes a condition of the faculties strictly morbid, and consequently neither of them defines madness. For we are daily meeting with thousands of mankind who are under the influence of false judgments, who unite incongruous or discrepant ideas, and draw from false associations right conclusions, yet whom we never think of regarding as out of their senses. While, on the contrary, if false perceptions be sufficient to constitute madness, every man is insane who mistakes at a distance a square for a round tower, the bending azure sky that terminates an extensive landscape for the sea, or the distant rumbling of a heavy waggon

Battie's hypo-
thesis, or false
perception.

Both hypo-
theses imper-
fect, and in
what respect.

* B. II. ch. xi. § 13.

† Of those lunatics, whose intellectual faculties are manifestly disordered (says Dr. Prichard), there is always a considerable proportion, in whose minds it is impossible to trace any particular hallucination, or erroneous perception, or recollection. The rapid succession of thoughts, the hurried and confused manner in which ideas crowd themselves into the mind in a state of incoherence, or without order or connection, is in very many instances amongst the most striking phenomena of madness. There are likewise cases of a different description, in which the intellectual faculties appear to have sustained but little injury, while the feelings and affections, the moral and active principles of the mind, are strangely perverted and depraved; the power of self-government is lost or greatly impaired; and the individual is found to be incapable, not of talking or reasoning upon any subject proposed to him, for this he will often do with great shrewdness and volubility, but of conducting himself with decency and propriety in the business of life. His wishes and inclinations, his likings and dislikings, have all undergone a morbid change; and this change appears to be the originating cause, or to lie at the foundation of any disturbance, which the understanding itself may have sustained, and even in some instances to form throughout the chief character or constituent features of the disease. (See Cyclop. of Pract. Med., art. INSANITY.) Whether these morbid changes, however, in the inclinations and wishes, likings and dislikings, are strictly the originating cause, may very well be disputed. — Ed.

GEN. I.
Ecphronia.
Insanity.
Craziness.

Cullen's hypothesis apparently borrowed from Locke's.

Crichton's hypothesis an improvement upon Battie's;

but his definition not true to his own history.

and not sufficiently comprehensive in limiting the disease to the faculty of perception.

All the faculties of the mind, like all the organs of the body, capable of being diseased :

but slight derangements in either little attended to, as not essentially interfering with the mental or bodily health.

over the streets for a peal of thunder : and we should none of us be safe from such a charge for a single day of our lives.

Dr. Cullen seems to have embraced Mr. Locke's view of the subject : for his definition of insanity (*vesaniæ*) in the latter editions of his Synopsis is "injured functions of the mind in judging (*mentis judicantis*) without pyrexia or coma." Dr. Crichton, on the contrary, seems rather to adhere to Dr. Battie's view, though he enlarges and improves upon it ; and hence his definition is "General derangement of the mental faculties, in which *diseased* perceptions are mistaken for realities ; with incoherent language and unruly conduct."

Diseased is certainly a better term than *false*, which is that of Dr. Battie ; but "unruly conduct" does not essentially belong to madness, even under this excellent writer's own explanation : for of the three species which he comprehends under this disease as a genus, viz. *mania furibunda*, *mania mitis*, and *melancholia*, while the last, as he afterwards illustrates it*, evinces these symptoms only occasionally, he expressly tells us of the second, that the diseased are "all happy, gay, and cheerful ; that good humour characterises this insanity, and hence the patients are in general very tractable."†

But the chief objection to Sir A. Crichton's definition of insanity, is his limiting it, in respect to the mental faculties, to the power of perception while the judgment remains totally unaffected. "In regard to lunatics," says he, in another place, "and men who are of a sound mind, the faculty of judging is the same in both, but they have different perceptions, and their judgments therefore must be different."‡

Now, if the faculties of perception, attention, and memory be liable to derangement, as the same writer admits, and there be "a general derangement of mental faculties in insanity," there seems no sufficient ground for exempting the faculty of judgment. And a little attention to the history of an insane patient will, I think, sufficiently support the opinion of Mr. Locke and Dr. Cullen upon this point, and show that this, if not the faculty chiefly diseased, labours under at least as much disease as that of perception.

We have already observed, in the preface to the present class, that all the powers of the mind are as liable to be affected with diseases, and discases of various kinds, as those of the body, and that either the body or the mind may be enfeebled at the same time in the whole of its powers, in a few of its powers, or in a single power. A sound mind supposes an existence of all the mind's feelings and intellectual powers in a state of vigour and under the subordination of the judgment, which is designed by Nature to be the governing or controlling principle. And, thus constituted, the mind is said to be in a state of order or arrangement. It often happens that this order or arrangement is slightly broken in upon by natural constitution or some corporeal affection ; but, so long as the irregularity does not essentially interfere with the mental health, it is no more attended to than slight irregularities or disquietudes of the body. Yet, whenever it becomes serious and complicated, it amounts to disease, and the mind is said, and most correctly so, to be deranged or disordered.

* Of Mental Derangement, book III. ch. III. vol. II.

† Id., book I. ch. V. pp. 181, 182. vol. I.

‡ Id., vol. I. p. 401.

This derangement may proceed from a morbid state of any of the intellectual or any of the impassioned faculties of the mind, for the perception may not correctly convey the ideas we receive by the external senses, or the judgment may lose its power of discriminating them, or the memory may not retain them, or the imagination or the passions may be in a state of unruly excitement — all which will lay a foundation for different kinds or genera of diseases, and, in fact, form the foundation of those appertaining to the present order.

Now, an attentive examination into the habits of an insane person will show, first, that the judgment and the perception are BOTH injured during the existence of insanity, and next that, though, from a violent or complicated state of the disease, the morbid condition often extends to some other, or even to all the other, mental faculties, yet it does not necessarily or essentially extend to them, for a madman may be furious or passionate, yet every madman is not so; his memory may fail, or his attention be incapable of fixing itself, or his imagination be wild and extravagant, but these do not always occur. The faculties, however, of the judgment and the perception are affected in every case, though they are not always equally affected at one and the same time; for the morbid power seems, for the most part, unaccountably to shift in succession from the one to the other, so as alternately to leave the judgment and the perception free or nearly free from all estrangement whatever, the disease being, however, always accompanied with irregular remissions, and often with such a diminution of sensibility that the patient is uninfluenced by the effects of cold and hunger, and very generally unsusceptible of febrile miasm.

Thus, a madman will often mistake one person who is introduced to him for another, and, under the influence of this mistake, will reason correctly concerning him, and, although he may have been for years his next neighbour, will ask him when he came from China or the East Indies, by what ship he returned home, and whether his voyage has been successful — in all which the error may be that of the perception alone. But if, as is frequently the case, the patient address his visitor by his proper name, he gives a ground for believing that he perceives him aright, and that the error is that of the judgment, which thus unites incongruous ideas, applying a visionary history to a real and identified person. At another time, he may, from the first, perfectly recognize the individual so presented to him, and, to prove his recollection and the correctness of his perception, may rapidly run over a long list of his relations, and a long string of anecdotes respecting his former life: after which he may suddenly start, and, looking at the visitor's walking-stick, tell him that that drawn sword will never save him from destruction, nor all the men that slept with him in the same bed the night before — that his rival is now pushing forward with all speed on a black horse with a large army behind him, and that tomorrow he will fight and lose his crown.*

* The definition of madness adopted by Dr. Conolly, is, "a loss or impairment of one or more of the mental faculties, accompanied by the loss of comparison." (Inquiry concerning the Indications of Insanity, p. 114.) The cases of Nicholai and Dr. Bostock prove that persons may be conscious of the appearance of phantoms and other illusions, and know them to be false. If the foregoing gentlemen, as Dr. Conolly remarks, had for one moment lost the

GEN. I.
Ecphronia.
Insanity.
Craziness.

Upon this principle the ensuing genera are founded.

The judgment and perception both diseased in insanity, and sometimes, though not necessarily, other mental powers:

nor are the judgment and perception always equally affected at the same time.

Illustrated.

Further illustration.

GEN. I.
 Ecphronia.
 Insanity.
 Craziness.
 Not always
 easy to deter-
 mine which
 faculty is most
 at fault.

In such a case, and it is by no means an extreme one, the perception and the judgment travel soundly and in harmony at the outset of the interview, but they soon separate and abandon each other as far as east and west. It is not always easy to say whether the fresh paroxysm of insanity that thus suddenly displays itself is limited to the one faculty or to the other, or is common to both. For, if the perception suddenly wander, the judgment has a new train of ideas presented to it, and must necessarily take a new direction. Yet it is difficult to conceive how the judgment can be thus abruptly led astray, if it continue sound; and hence it is more probable that the judgment itself is at fault, and admits a train of ideas which, however congruous to themselves, are incongruous to those furnished by the faculty of perception; or both may equally wander and accompany each other in the visionary scene, as they at first associated in the real. It is obvious, however, if I mistake not, that both faculties are affected in the derangement of insanity jointly or in irregular succession.*

power of comparing, they must have believed the illusions to be real; and "from the moment of such belief, they must have been mad, and the same so long as the belief remained." Dr. Conolly introduces the following observations in his illustration of his theory: — "In a fever, the patient's bed will seem in flames; or voices will whisper in his ear; or the smell of a banquet assail him; or his sense of touch seem opposed by moving bulky bodies; or the sense of sight will be harassed by the rapid succession of imaginary faces, already spoken of, appearing and disappearing in endless trains and variety. If we talk with patients thus affected, some will tell us, in a very quiet way, that they are thus tormented. Others will seem confused, and make a visible effort of sight and hearing, before they tell us how they are troubled; and others will tell us what they see and what they hear, with an expressed belief, on their part, of the reality of what we know to be delusions. Of these three classes of patients," says Dr. Conolly, "the last are in a state of delirium; the second are approaching to it; the first are in a state of sound mind." — ED.

In another part of his interesting publication (p. 123.), Dr. Conolly admits, that it is not always easy to determine in the case of the insane man, whether his sensation or his attention be impaired; but the effect remarked, which may arise from either impairment, is the want of power of comparing one object with another, and this, in such cases, produces the insanity. — ED.

* According to Dr. Conolly's views and arguments, which are replete with truth, each of the faculties of the mind may be impaired, and impaired without insanity; at the same time, when the impairment of them, or any one of them, is such as to bring on an inability to perform the act of comparison, or is accompanied by the loss of this faculty, insanity is the direct and inevitable result. The decisions are then no longer correct, the judgment no longer sound, and the actions no longer rational. (See Inquiry concerning the Indications of Insanity, p. 170.) And, in a subsequent part of the work, when speaking of cases in which the sensations are morbid, Dr. Conolly justly observes, that, in numerous instances, the hallucination of the sense arises from an imagination previously over-excited; that over-excitement is disease, but not madness; it produces an hallucination, but, *if the hallucination is known to be an hallucination*, still there is no madness; *if it is mistaken for reality*, then the man is mad. (p. 307.) Dr. Conolly gives from Shakspeare a fine illustration of the struggle between sanity and insanity. When the dagger first appears to Macbeth, although apparently sensible that it is a delusion, he attempts to seize it, and failing to do so, says, —

I have thee not, and yet I see thee still.
 Art thou not, fatal vision, sensible
 To feeling, as to sight? or art thou but
 A dagger of the mind, a false creation,
 Proceeding from the heat-oppressed brain?

"The exercise of one sense to correct the suspicious evidence of another, the comparison, and the questioning which follows, are very striking. As Macbeth

How far a morbid state of the mental faculties may in any case depend upon the mind itself, as distinct from the sensorium or instrument by which it is connected with the body, it is impossible for us to know till we become acquainted with the nature of this connection, and, perhaps, also with the essence of the mind, which, in our present state of information, seems to be a hopeless subject of inquiry. But we may possibly obtain some insight into the manner in which correct ideas of perception are changed in their nature and rendered incorrect or incongruous by a diseased judgment, by attending to a process of variation that is frequently occurring in perfect sanity and acuteness of mind. "The ideas we receive by sensation," says Mr. Locke, in adverting to this process, "are often in grown people *altered by the judgment* without our taking notice of it." And he explains this position by observing that, when a ball of any uniform colour, as of gold, alabaster, or jet, is placed before the eye, the idea thereby imprinted in the mind is that only of a flat circle variously shadowed, with different degrees of light and brightness coming to the organ of sight. "But, having by use been accustomed to perceive what kind of appearance convex bodies are wont to make in us, what alterations are made in the reflections of light by the difference of the sensible figures of bodies, the judgment presently, by an habitual custom, alters the appearances into their causes, so that, from that which, truly, is variety of shadow or colour, collecting the figure, it makes it pass for a mark or figure, and *frames to itself the perception* of a convex figure and an uniform colour." * And the same change occurs still more conspicuously in looking at an engraving or a pic-

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Correct ideas of perception how rendered incorrect by a diseased judgment : further explained.

proceeds, it will be observed that he is struggling to exercise the comparison, which will prevent his belief in the delusion ; and that when he becomes fully able to do it, he triumphs over the delusive appearance. The struggle is begun in the lines already quoted ; it is continued in the following : —

I see thee yet, in form as palpable
As this which now I draw.
Thou marshal'st me the way that I was going ;
And such an instrument I was to use.
Mine eyes are made the tools o' the other senses,
Or else worth all the rest.

"Here we observe, that the delusion is powerful, but that Macbeth compares it with the reality of his own dagger ; he is evidently connecting the appearance with the cause of it ; with his actual intentions ; and mentally accounting for it by associating it with his hidden thoughts ; yet he reasons with himself concerning the possibility of the evidence of his eyes being finer and truer than any other evidence, or the greater probability that by his state of commotion, and his disturbed feelings, his eyes are made 'the tools o' the other senses.' In this state of agitation, the vision assumes some variety, whilst it maintains its distinctness ; but the words which follow, show us, that the mental process, the reasonings, the comparisons which Macbeth has made, effect a triumph over the delusion : —

I see thee still ;
And on thy blade and dudgeon gouts of blood,
Which was not so before. — *There's no such thing.*
It is the bloody business, which informs
Thus to mine eyes."

These passages, and the comment on them by Dr. Conolly, certainly present a beautiful illustration of some of the doctrines concerning insanity, contained in his valuable publication. — ED.

* Hum. Underst., book II. ch. ix. § 8.

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Insanity.
Craziness.

Whence remissions or intermissions of the paroxysms in insanity.

And how the disease confined at times to particular trains of ideas?

The corporeal indications vary as those of the mind.

Remote cause of insanity. Whether a diseased condition of any part of the encephalon? How far this established by dissections.

ture, in which the only idea presented by the eye to the perception is that of a plane variously shaded or coloured, but which the judgment immediately changes and multiplies into other ideas of life and motion, and running streams, and fathomless woods, and cloud-capt mountains. And, if in a sane state we find the judgment capable of thus varying the ideas of perception presented to it, we can have no great difficulty, I think, in conceiving by what means such a variation may be produced, and may ramify into incongruities of great extravagance in a judgment deranged by disease.

Nor is there much difficulty in conceiving how the paroxysm should be subject to remissions or even intermissions more or less regular; or the derangement be limited, as we frequently find it, and especially in melancholy, to particular subjects or trains of ideas. For, first, all diseases have a tendency to remissions or intermissions; but those connected with the brain or nerves more than any others, as is evident in hemicrania, epilepsy, hysteria, and palpitation of the heart. And, next, there is no man in a state of the most perfect sanity whose judgment is equally strong and exact upon all subjects, and few whose judgments are not manifestly influenced and led astray by partialities or peculiar incidents, of a thousand kinds; insomuch that we dare not, on various occasions, intrust to a man of the strictest honesty and the clearest head a particular subject for his decision, whom we should fly to as our counsellor upon every other occurrence. And it is not, therefore, very extraordinary that, in a morbid state of mind, and particularly of that faculty which constitutes the judgment, there should be an aberration in some directions or upon some subjects which does not exist upon others.

The corporeal indications differ as much as those of the mind, and generally as being governed by the latter. We have hence sometimes, as an opening symptom, an extraordinary flow of high spirits, at others extreme terror. The countenance is pale and ghastly, and strongly expressive of inward emotion, the speech hurried and tremulous, and the extremities bedewed with a cold sweat. In other instances, the eye glares malignantly, the face is flushed, and evinces a dreadful ferocity; the objects of terror become objects of vengeance, and the patient is furious. In some there is an unusual degree of suspicion, and an anticipation of evil, and a belief in imaginary plots or conspiracies. In others, great irascibility and malignity, and a desire to commit some act of desperation, vengeance, and cruelty. All this is often combined with headach, giddiness, throbbing of the temples, or impaired vision. There is little or no sleep, for the mind is in a state of too much excitement, though at times the patient lies listless, and refuses to be roused.*

Concerning therefore the remote or even the proximate cause of the disease, we have yet much to learn. From the view we have taken in the poem of the close connection between the mind and the brain, it seems reasonable to conceive that the remote cause is ordinarily dependent upon some misconception or misaffection of the cerebral organs: and hence every part of them has been scrutinized for proofs of so plausible an hypothesis, but hitherto to no purpose whatever. The form of the cranium, its thickness, and other qualities; the meninges, the substance of the brain, the ven-

* Annual Report of the Glasgow Asylum for Lunatics, 1821.

trices, the pineal gland, the commissures, the cerebellum, have all been analyzed in turn, by the most dexterous and prying anatomists of England, France, Germany, and Italy, but with no satisfactory result. The shape or thickness of the skull has been started, indeed, as a cause, by many anatomists of high and established reputation; but the conjecture has been completely disproved by others, who have found the very structures supposed to be most certain of producing madness, exist in numerous instances with perfect soundness of intellect. A particular shape of the skull seems, indeed, to be often connected with idiotism from birth or soon after birth, but with no other species of mental derangement whatever.

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Morgagni engaged in an extensive course of dissections upon this subject, and pursued it with peculiar ardour: and his results are given in his eighth epistle, from the second to the eighteenth article. In some cases, the brain was harder, in some softer, than in a healthy state; occasionally the dura mater was thicker, and was studded with soft, whitish bodies on the sides of the longitudinal sinus. This sinus itself sometimes evinced polypous concretions; and the pineal gland, or several of the glands in the plexus choroïdes were in a diseased state. Dr. Greding *, with a like spirit of investigation, arrived at a like diversity of facts. Meckel † found the brain denser and harder than usual ‡; Dr. Smith § described a bony concretion, and Plenciz and several others represent the brain as bony or calculous in various parts; while Jones, in the Medical Commentaries, found it softer than usual, with a thickening of the membranes and a turgescence of the ventricles. From all which, nothing precise or pathognomonic can be collected, since all such morbid appearances have been traced under other diseases as well as under insanity.

Morgagni.

Meckel.

Jones.

Nothing precise
or pathogno-
monic has
hitherto been
collected.

Pinel.

M. Pinel is firmly decided upon this point; and after a very extensive course of investigations, he asserts, with respect to the cranium, that there are no facts yet clearly established which prove the faculties of the mind (except in the case of idiotism) to be, in any degree, influenced by its size, figure, or density: while with respect to the contents of the cranium, "I can affirm," says he, "that I have never met with any other appearances within the cavity of the skull, than are observable on opening the bodies of persons who have died of apoplexy, epilepsy, nervous fevers, and convulsions:" and his successors M. Esquirol and M. Georget concur in the same remarks. The last, after having examined three hundred lunatics on their decease, to settle the point before us, thus concludes: "Toutes les altérations que nous avons observées sur les aliénées de la Salpêtrière sont consecutives au développement de la folie, excepté celles des cerveaux d'idiotes, qui sont primitives et liées à l'état intellectuel."

The observations of Haslam are nearly to the same effect: for they concur in showing that, except in so considerable a misformation of the skull or its contents, as to induce idiotism from an early period of life, as in the case of cretinism, nothing decisive can be obtained in reference to insanity from any variations of appearance that have hitherto been detected. §

Haslam.

* Vermischte Medicinische und Chirurgische Schriften. Altenb. 1781.

† Hist. de l'Acad. Royale des Sciences, &c. Ann. 1760. Berol. 4to. 1761.

‡ Med. Observ. and Inquir., vol. vi.

§ From the dissections recorded by Dr. Haslam, his own inference is, that

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 Greding.

What periods of
 life most sub-
 ject to insanity.

The dissections of Greding extended to not fewer than two hundred and sixteen maniacal patients, the whole of whom, however, died of disorders unconnected with their mental ailments: three of the heads were exceedingly large, two exceedingly small; some of the skull-bones extremely thick; others peculiarly thin; in some, the frontal bones were small and contracted; in others, the temporal bones compressed and narrow.

In a table containing an aggregate of the patients received into the lunatic asylum at Bicêtre during a considerable part of the French revolution, from 1784 to 1792, by far the greatest number admitted were between the ages of thirty and forty: next, those between forty and fifty; next to these, patients between twenty and thirty; then those from sixty to seventy; and lastly, those from fifteen to twenty; below which we have no account of any admission whatever. Hence different stadia of life seem to exercise some control, and the period, most exposed to the disease, is that in which the influence of the passions may be conceived to be naturally strongest and most operative. "Among the lunatics confined at Bicêtre," says M. Pinel, "during the third year of the republic, and whose cases I particularly examined, I observed that the exciting causes of their maladies, in a great majority of instances, were extremely vivid affections of the mind; as ungovernable or disappointed ambition, religious fanaticism*, profound chagrin, and unfortunate

madness is always connected with disease of the brain or its membranes. Indeed, he expresses a decided opinion, that insanity is not a *disease of ideas*, and is among the first who, in modern times, have regarded it as connected with disease of the brain, or its membranes. (See Obs. on Madness and Melancholy, &c. p. 238, &c.) A similar opinion had been previously delivered by Dr. Marshall. (See Morbid Anatomy of the Brain in Mania, &c.) According to Greding, the pia mater and arachnoid membrane were hardly ever sound. The same fact was noticed by Dr. Haslam in thirty-seven out of thirty-eight dissections; also by J. Werzel, of Mentz (Obs. sur le Cervelet, &c. trad. par M. Breton. Paris, 1811); and Chiarugi, of Florence (Della Pazzia, &c. In Firenze, 1794). M. Bayle considers *chronic meningitis*, a form of meningeal inflammation essentially and primarily chronic, as the most frequent pathological cause of mental derangement. (Traité des Maladies du Cerveau, &c. Paris, 1826). The frequency of disease of the brain in insane persons is confirmed by the researches of M. Calmeil. (De la Paralysie considérée chez les Aliénés, &c. Paris, 1826.) Dr. Conolly also agrees in "ascribing mental disorders to corporeal disease, not to any specific corporeal disease, but to any disease capable of disturbing the functions, or impairing the structure of the nerves:" yet he adds, "we do not find in insanity, as in consumption, such invariable disorganisation, or impairment, as would account for the long continuance of the malady, or for the small proportion of cures." (An Enquiry concerning the Indications of Insanity, p. 14.) When insanity proceeds from adversity, domestic calamity, and other external influences on the mind, and especially when the alteration of the mind is suddenly produced by such causes, the connection of the mental change with any organic or visible disease, must be, at least in the first instance, beyond all suspicion, unless disturbance of the innervation and circulation, and other functional disorders, not necessarily accompanied by change of structure, be comprehended under the denomination of corporeal diseases. As Dr. Uwins observes, — "Who shall pronounce upon the precise nature of that change in the sentient organisation, when unexpected intelligence instantaneously destroys a keen appetite? when madness occurs as the immediate result of some heart-rending disappointment? when the whole man is thoroughly and in a moment revolutionised by a change of scene and circumstance? or when faith in a physician at once breaks down the strong holds of hitherto confirmed disease?" On Disorders of the Brain and Nervous System, p. 11. 8vo. Lond. 1833. — ED.

* According to Dr. Burrows, there are five times as many females insane from this cause as males. See Commentaries on the Causes, Forms, Symptoms, and Treatment, moral and medical, of Insanity, 8vo. 1828. — ED.

love. Out of one hundred and thirteen madmen, with whose histories I took pains to make myself acquainted, thirty-four were reduced to this state by domestic misfortunes; twenty-four by obstacles to matrimonial unions which they had ardently desired to form; thirty by political events connected with the revolution; and twenty-five by religious fanaticism." Those were chiefly affected who belonged to professions in which the imagination is unceasingly or ardently engaged, and not controlled in its excitement by the exercise of the tamer functions of the understanding, which are more susceptible of satiety and fatigue. Hence the Bicêtre registers were chiefly filled from the professions of priests, artists, painters, sculptors, poets, and musicians: while they contained no instances of persons, whose line of life demands a predominant exercise of the judging faculty: not one naturalist, physician, chemist, nor geometrician.

But there are other organs that also betray very prominent signs of diseased action in insanity as well as the brain, as those of the epigastrium and the adjoining regions: and hence other physiologists have sought for a remote or even a proximate cause of the malady in these, rather than in the encephalon. This was the case among several, though not the majority, of the Greek physicians, as we have seen already; and it is to this quarter that M. Pinel refers the proximate cause in almost every instance in our own day. It is here he supposes the disease to commence, and contends that the affection of the brain and of the mental faculties is subsequent to the abdominal symptoms, and altogether dependent upon them; and, in proof of this, he adverts to various dissections which have shown a considerable derangement, not only in the function, but even in the structure of one or more of the abdominal organs, and particularly a displacement of the transverse colon.

But this is to give a weight to the morbid appearances occasionally manifested in these organs, above what is allowed to like misformations in the cranium. Yet there can be no doubt that, in most cases of insanity, the brain and epigastrium suffer jointly; and that the disease may, and often does, commence in some structural or functionary affection of the abdominal organs, is perfectly clear from the frequency of this complaint during pregnancy and in child-bed: its being connected with a peculiar state of the genital organs, as we shall presently have occasion to show, and its following upon a sudden suppression of the menstrual or hemorrhoidal discharge.

Nor is it difficult to account for this association of influence from the extensive distribution of the par vagum, and more particularly of the intercostal nerve over the abdominal viscera: on which account a like sympathy is by no means uncommon in various other disorders. Thus, while a concussion or compression of the brain produces nausea, sickness, and constipation, worms are frequently found to excite convulsions or epilepsy.

The fair result of the whole inquiry appears to be, that insanity, in every instance, to adopt the language of Sir A. Crichton, "arises from a diseased state of the brain or nerves, or both *;" but that in many instances this diseased state is a primary affection, and in others a secondary, dependent upon a morbid condition of the epigastric or some other abdominal organ: for, in whatever this

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What temperaments chiefly predispose or pursuits excite the disease.

Whether originating from a diseased condition of the epigastric or other abdominal organs.

Common proximate cause of Pinel.

Encephalon and abdominal organs often affected jointly:

and the disease seems occasionally to originate in either.

This association of influence explained.

Inference from the general inquiry.

* Of Mental Derangement, vol. i. p. 138.

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Insanity.
Craziness.

Where the history of the incipient symptoms are clear, the disease may be assigned to its primary seat.

Proximate cause of insanity.

morbid condition may consist, and whatever symptoms it may evince, it is not till the sensorium has by degrees associated in the chain of unhealthy action that the signs of insanity are unequivocal. And, in like manner, dyspeptic and other abdominal symptoms are not unfrequently brought on by a previously diseased state of the mind: and it is hence peculiarly difficult, and perhaps in some cases altogether impossible, to determine, where we are not acquainted with the incipient symptoms, whether melancholy, or hypochondrias has originated in the state of the abdominal viscera or of the cranium; or, in other words, whether the one or the other be a primary or a secondary affection.

When, however, we are made acquainted with the history of the incipient symptoms, we have a tolerable clue to guide us; and for the most part may safely decide, that the region primarily affected is that which first evinces morbid symptoms; and hence, while we shall have little scruple in assigning the origin of most cases of hypochondrism to a morbid condition of one or more of the digestive organs, we need have as little in assigning the greater number of cases of mania to a primary misaffection of the brain or the nerves.

In what that misaffection consists is a question that has never been settled to the present hour; and from our total inacquaintance with the nature of the connection between the brain and the mind, it never will be in any very satisfactory manner.* The morbid changes, indeed, which we have already seen are frequently to be traced in the structure of the brain, show very sufficiently that a considerable degree of diseased action has been taking place there; but as these changes are often found in other disorders of the head as well as in mania, and more especially as we cannot tell whether they have preceded or been produced by such action, they give us little information as to the nature of the diseased action itself.

* The ensuing passage conveys Dr. Conolly's mode of viewing one part of this mysterious subject, which has defied, and, as Dr. Good states, will continue to defy, all attempts at a satisfactory explanation: — "The manifestation of the mind must depend upon, and be modified by, the development of the brain in each individual. The same intellectual light may be given to all; but, in some, obscured by a gross organisation; and in others, more happily organised, shining forth more brightly. Itself out of the reach of physical injury, it works by physical instruments; and the exactness of its operations depends on the growth, maturity, integrity, and vigour of its instruments, which are the brain and nervous system. If the nervous agents of sensation are unfaithful, the mind receives false intelligence, or transmits its orders by imbecile messengers; if the seat of thought, the centre of intellectual and moral government, is faultily arranged, the operations of the understanding are impeded and incomplete." (See *An Inquiry concerning the Indications of Insanity*, p. 62.) The editor cannot discover the agreement between the tenor of these observations, and the doctrine to which the author of the foregoing excellent work inclines, that mental disorders may be ascribed to any corporeal disease, capable of disturbing the functions, or impairing the structure of the brain. The incongruity which is here manifest, depends upon the term *mind*, being made to signify also the *soul*. But the intellectual organisation and functions certainly constitute a very different subject from that of the theological doctrines of our immortal nature. Hence, also, the following passage cannot be correct: — "Nay, so dependent is the immaterial soul upon the material organs, both for what it receives, and what it transmits, that a slight disorder in the circulation of the blood through different portions of nervous substance, can disturb all sensation, all emotion, all relation with the external and living world; can obstruct attention and comparison; can injure and confound the accumulations of the memory, or modify the suggestions of imagination." The statement is not accurate in relation to the soul; but unobjectionable, perhaps, if applied to the mind. Our souls, it is to be hoped, will exist, when our brain, nerves, circulation, &c. are no more. — *En.*

Dr. Cullen has offered a series of ingenious arguments to prove, that mania consists in some inequality in the excitement of the brain *, or of the nervous power †, and, in most cases, in an increased excitement. Dr. Cullen's idea of the nervous power, as we have already had occasion to observe, is very far from being explicit: for he defines it "a subtile very moveable fluid *included* or *inherent* in a manner *we do not clearly understand* in every part of the medullary substance of the brain and nerves." While, in other parts of his writings, he represents it as never either recruited or exhausted, and thus conceives it to possess qualities beyond the ordinary endowments of living matter. Yet his general principle appears to be well founded, and Sir Alexander Crichton has availed himself of it in giving a fuller explanation of this highly probable hypothesis: and, after appealing to the doctrine which has already been advanced and supported in the preceding pages of the present work, that the nervous power is a peculiar fluid secreted in the medullary substance of the brain or the nerves, he endeavours to show, that the cause of insanities is a specific morbid action of the vessels which secrete the nervous fluid in the brain ‡; and which may hereby be altered not only in quantity but in quality.§

From the quickness of the external senses, the irascibility, heat of the skin, flushed countenance, and uncommon energy which maniacs evince, we have reason to believe this morbid action to be, for the most part, a preternaturally increased action; and we are hence able to account for the various exacerbations and remissions which it evinces, sometimes periodically, and sometimes irregularly. Yet as the health of the faculties of the mind must depend upon a healthy energy of the vessels, too scanty a secretion of nervous fluid must be as effectual a cause of mental derangement as too copious a flow; and hence torpor of the vessels of the brain may prove as certain a cause of a wandering mind as entony, and, consequently, typhous fever may become a source of delirium as well as inflammatory. And as the various secretions can only be elaborated from the blood, and are often affected by its condition, we may see also how madness may be a result of acrid narcotics and other poisons introduced into the blood by absorption, or a trans-

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Cullen's hypothesis.

Crichton's hypothesis highly probable; and concurrent with the pathological doctrines of the present work.

* Pract. Phys., vol. iv. Aph. MDLXII.

† Id., MDXLIV.

‡ Of Mental Derangement, vol. i. p. 174.

§ Id., vol. i. p. 169. With respect to the hypothesis, here laid down, the editor has already delivered his opinion in the Physiological Proem. That the brain is an organ receiving a very great supply of blood; that its vessels are large and numerous; that an increased determination of blood to the brain, or, on the contrary, a diminution of the quantity conveyed to it, must have an effect upon the cerebral functions; that the vessels secrete from this blood the medullary and cortical substances, the fluid in the ventricles, and every kind of matter composing the various tissues of the brain; and that the perfect or imperfect state of the intellectual and nervous powers is intimately dependent upon the condition of the circulation within the head; are facts of which no doubt can be entertained. But when the venturesome physiologist proceeds farther, and first assumes the existence of a nervous fluid, as synonymous with sensorial, or nervous power, represents it as a secretion, and mental derangement as arising from its altered quality or quantity, he is getting out of his depth, and only contenting himself with an hypothesis, which, if it were admitted, would, after all, not render the subject at all more intelligible. Instead of the "secretion of the nervous fluid," it might be better, therefore, to read "the production of nervous or sensorial power." — ED.

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Ecphronia.
Insanity.
Craziness.

Proofs that the
sensorial power
is sometimes
increased in
insanity.

Proofs that it
is sometimes
diminished.

Insanity often
a result of
hereditary pre-
disposition.

Illustrated.

Whether mani-
fested by ex-
ternal signs.

fusion of blood from animals of a different nature, of which Dionis has giving some very striking examples.

That there is a tendency not only to an increased secretion of sensorial power in the head in most cases of insanity, but to an accumulation of it from all parts of the body, and especially from the surface, is clear from the patient's diminished sensibility to external impressions, and his being able to endure the severest winter's cold, and a fasting of many days, without inconvenience or indeed consciousness. But that there is, in some cases, a diminished secretion of this fluid, producing a general debility of the living fibre, is also clear from the great tendency manifested by some maniacs, whose brain gives no proof of increased excitement, to a gangrene in their extremities, and, where they are uncleanly, about the buttocks. The insensibility from this cause is sometimes so considerable as to affect, not only the diffuse organ of feeling, but some of the local senses as well. And hence some patients lose their hearing, and others are capable of staring at the meridian sun without pain, or any change in the diameter of the iris.* Sometimes, however, the increased secretion of sensorial power is so considerable as not only to affect the head, but to augment the corporeal sensibility generally. And hence Hoffman makes accumulated sensation an ordinary symptom of this disease†, mistaking the exception for the general rule: and Riedlin gives us an instance of a maniac, who, instead of calling for and being able to endure large quantities of snuff, sneezed and was convulsed on smelling the mildest aromatics.‡

It is a melancholy reflection, that insanity is often the result of an hereditary predisposition. This, indeed, has been denied by a few writers; but their opinion has unhappily been confuted by the concurrent voice of those who have thought differently, and the irresistible evidence of daily facts. Mysterious as the subject is, we have perpetual proofs, that a peculiarity of mental character is just as propagable as a peculiarity of corporeal: and hence wit, madness, and idiotism are as distinctly an heir-loom of some families, as scrofula, consumption, and cancer of others.§ In most of the latter, we have already observed that something of a constitutional make or physiognomy is often discernible; and the same is contended for by many authorities in the disease before us. Yet, if we examine the marks accurately, we shall find that they merge,

* Blumenb., *Bibl.* i. p. 736.

† Opp., *Suppl.* ii. 2.

‡ *Lin. Med.*, 1696, p. 29. Such occurrences are only accidental accompaniments of insanity, by no means essential to it, or even indicative of its existence. Were the contrary view adopted, the modern Romans, who are greatly annoyed by a perfumed handkerchief, might be set down as lunatics, as well as others whose sense of smell is so inconveniently acute, that they almost "die of a rose in aromatic pain." — *En.*

§ In six sevenths of the cases which have come under the observation of Dr. Burrows, hereditary predisposition was traced. He does not consider that the several forms of insanity tend to transmit each its own kind from one generation to another; but, on the contrary, that they mutually transmit one another; so that mania, melancholia, and hypochondriasis may be all remarked in different individuals of the same family. He admits, however, one exception to this rule in the instance of suicidal insanity. Probably, hypochondriasis may be another exception. Dr. Burrows does not consider hereditary insanity more difficult to cure than other forms of it; which statement disagrees with what is commonly believed. See *Commentaries*, &c.; and *Edin. Med. Journ.*, No. xcvi. p. 123.

for the most part, into the common symptoms of a sanguineous or a melancholic temperament: either of which constitutions exercises such a control over the disease, as to give it a peculiar modification, whatever be the nature of the exciting cause, which is, in truth, of little importance to the constitutional turn the malady may take, though well worth attending to in the moral treatment. "The violence of the maniacal paroxysm," observes M. Pinel, "appears to be independent of the nature of the exciting cause; or, at least, to be far more influenced by the constitution of the individual, and the peculiar degree of his physical and moral sensibility. Men of a robust constitution, of mature years, with black hair, and susceptible of strong and violent passions, appear to retain the same character when visited by this most distressing of human misfortunes. Their ordinary energy is augmented to outrageous fury. Violence, on the other hand, is seldom characteristic of the paroxysms of individuals of more moderate passions, with brown or auburn hair. Nothing is more common than to see men with light-coloured hair sink into soothing and pleasurable reveries; while it seldom or never happens that they become furious or unmanageable. Their pleasing dreams, however, are at length overtaken by, and lost amidst the gloom of an incurable fatuity. Those of the greatest mental excitement, of the warmest passions, the most active imagination, the most acute sensibility, are chiefly predisposed to insanity. A melancholy reflection! — but such as is calculated to call forth our best and tenderest sympathies."

It has long been a current opinion, that insanity is a disease more common to our country than to any other: and this opinion has of late been rendered more seriously alarming by the following assertion of Dr. Powell, secretary to the commissioners for licensing lunatic establishments, and which is given as the result of his official tables of returns from 1775 to 1809 inclusive, divided into lustra or periods of five years each. "Insanity appears to have been *considerably* upon the increase: for if we compare the sums of two distant lustra, the one beginning with 1775, and the other ending with 1809, the proportion of patients, returned as having been received into lunatic houses during the latter period, is to that of the former nearly as 129 to 100." "The facts also," says he, "which present themselves to the observation of the traveller, whatever direction he may take through this country, and all the local information which we receive upon the subject, supply us, as I am led to think, with sufficient proof, that the increase must actually have been *very considerable*, though we cannot ascertain what has been its exact proportion.*

The first part of this opinion, or that which regards insanity as a disease PECULIARLY PREVALENT in England, does not seem to rest on any established basis; for, calculating with Dr. Powell, that the number of lunatic paupers, and those received into public hospitals, which, under the act of parliament, are not cognizable by the commissioners, together with those neglected to be returned, compared with the returns entered into the commissioners' books, bear the proportion of three to two, which is probably far above the mark, still the aggregate number of insane persons for the year 1800,

GEN. I.
Ecphronia.
Insanity.
Craziness.

Modification of
the disease
more affected
by the tempera-
ment than by
the exciting
cause.

Illustrated.

Insanity whe-
ther more com-
mon to Eng-
land than other
countries?

and whether of
late an increas-
ing malady?

Is not a pre-
valent disease,
nor apparently
so prevalent as
in many other
countries.

* Med. Trans., vol. iv. p. 131. art. Observations on the Comparative Prevalence of Insanity at different Periods.

GEN. I.
Ecphronia.
Insanity.
Craziness.

contrasted with the general census for the same year, will only hold a ratio of about 1 to 7300; while if we take, with Dr. Burrows, the proportion of suicides committed in foreign capitals as a test of the extent to which insanity is prevalent in the same towns, which is nevertheless a loose mode of reckoning, though it is not easy to obtain a better, we have reason to conclude, that insanity is comparatively far less frequent among ourselves, than in most parts of the Continent: the suicides of Paris, Berlin, and Copenhagen, as drawn from tables collected by Dr. Burrows for this purpose, being, in proportion to the relative population of London, as 5 to 2 for the first, 5 to 3 for the second, and 3 to 1 for the third.*

Nor an increasing disease.

Examination of Powell's data, which have led to a contrary conclusion.

Nor does the idea that insanity is an INCREASING DISEASE in our own country appear to rest on a stabler foundation. Taking Dr. Powell's result as drawn from full and incontrovertible data, and comparing the supposed march of the disease with the acknowledged march of the population, although the former may possibly be said to have overstepped the latter by a few paces, the difference will hardly justify the assertion, that "insanity is considerably upon the increase." And if we take into view the intensity of interest with which this subject has, for the last twenty years, been contemplated by the public, the operation of those feelings of humanity, which have dragged the wretched victims of disease from the miserable abodes of prisons and neglected workhouses, and placed them under the professional care of the superintendents of licensed establishments, and, above all, the augmented number of such establishments in consequence hereof, and the great respectability of many who have the management of them, thus giving the commissioners returns which, by the power of the act of 26 Geo. III., they could not otherwise have been in possession of, we may, I think, fairly conclude, that this apparent overstep, be it what it may, in the march of insanity beyond that of the population of the country, is a real retrogression.

Admitted by the writer himself to be inaccurate ;

At this conclusion we might, I think, fairly arrive, even if the data selected by Dr. Powell were full and incontrovertible; but he himself has candidly admitted that, instead of being full and incontrovertible, they "are subject to numerous inaccuracies, and that any deductions which may be made from them must be imperfect." It is still more consolatory to learn that the direct deductions from the parochial and district establishments are not only not in accordance with Dr. Powell's, but such as seem to show that a retrogression, instead of an advance, has actually taken place. Dr. Burrows has industriously collected many of these, and, as far as they go, they lead to such an inference almost without exception.† Yet it is probable, that even this inference does not give us the precise fact, and that it is as chargeable with an error on the favourable side, as the opposite account is on the unfavourable; since the increase of licensed houses, whose returns seem to have swelled the list of the commissioners beyond its proper aggregate, has been considerably supported by a transfer from the establishments which have thus fallen off. And, hence, allowing the error on the one side to compensate that on the other, we are brought to the conclusion which,

and opposed by other tables of Burrows, which seem to prove a retrogression rather than advance.

General result.

* Inquiry into certain Errors relative to Insanity, &c. p. 93. 8vo. 1820.

† Inquiry, &c. ut suprâ, p. 66. et alibi.

after all, appears more natural, that the career of insanity is only varied in its uniformity by temporary contingencies, but that it is by no means a prevalent disease in our own country.

GEN. I.
Ecphronia.
Insanity.
Craziness.

SPECIES I.

ECPHRONIA MELANCHOLIA.

MELANCHOLY.

THE DISCREPANCY BETWEEN THE PERCEPTION AND THE JUDGMENT LIMITED TO A SINGLE OBJECT, OR A FEW CONNECTED OBJECTS, OR TRAINS OF IDEAS: THE WILL WAYWARD AND DOMINEERING.

We have already stated that, whatever be the exciting cause of mental alienation, the symptoms are, in every instance, greatly modified by the prevailing idiosyncrasy; and hence, though a love of solitude, gloom, fear, suspicion, and taciturnity are the ordinary signs of the present species, these signs often yield to symptoms widely different, and sometimes even of an opposite character; and we hence become possessed of the four following varieties:—

GEN. I.
SPEC. I.

Disease modified by the idiosyncrasy.

- | | |
|-----------------------------|---|
| α Attonita. | Mute, gloomy, retiring melancholy. |
| Gloomy melancholy. | |
| β Errabunda. | Roving, restless melancholy, evincing a constant desire to change the abode. |
| Restless melancholy. | |
| γ Malevolens. | Morose or mischievous melancholy, occasionally terminating in suicide, or the injury of others. |
| Mischievous melancholy. | |
| Complacens. | Self-complacent and affable melancholy; occasionally rejoicing in a visionary superiority of rank, station, or endowment. |
| Self-complacent melancholy. | |

The same variety of symptoms, as chiefly modified by the prevailing temperament, are noticed by Fracastorio. "The phlegmatic," says he, "are heavy; the sanguine lively, cheerful, merry, but not witty; the choleric are in rapid and perpetual motion, impatient of dwelling upon any subject. An acuteness of wit belongs to most of the varieties, but not to all."* And hence Diocles, in opposing Galen for holding, after Hippocrates, that gloom and error are pathognomonic signs of melancholy, observes, "Upon serious consideration, I find some patients that have nothing of these qualities, and others that exhibit every diversity of feeling; for some are sad without being fearful; others fearful without being sad; some neither, and some both."

These varieties observed by Fracastorio.

By Diocles.

Besides these modifications, there is another of a very peculiar kind, noticed by Dr. Spurzheim, in order to show that the faculties

Singular modification noticed by Spurzheim.

* De Intellectione, lib. II.

GEN. I.
SPEC. I.
Ecphronia
melancholia.

of the mind are double, and that each hemisphere of the brain contains a distinct set. As I have never met with an instance of this variety, I must describe it in his own words. "Tiedemann," says he, "relates the example of one Moser, who was insane on one side, and who observed his insanity with the other. Gall attended a minister who, having a similar disease for three years, heard constantly on his left side reproaches and injuries, and turned his head to that side in order to look at the persons. With his right side he commonly judged of the madness of his left side, but sometimes, in a fit of fever, he could not rectify his peculiar state. Long after being cured, if he happened to be angry, or if he had drank more than he was accustomed to do, he observed, in his left side, a tendency to his former alienation."*

How wit or
shrewdness of
remark may
exist with little
judgment.

It may appear strange to those who have not studied the subject with much attention, that persons who are possessed of a diseased, or even a defective judgment, should at any time be of quick and lively apprehension, and thus be witty without being wise. But the faculty of wit is dependent not so much on the judgment as on the imagination, and particularly on the memory, on the possession of a large stock of ideas stored up for ready use, and brought forth with rapidity. "And hence," says Mr. Locke, "some reason may, perhaps, be given of that common observation, that men who have a great deal of wit, and prompt memories, have not always the clearest judgment or deepest reason. For wit lying most in the assemblage of ideas, and putting those together with quickness and variety, wherein can be found any resemblance or congruity, thereby to make up pleasant pictures and agreeable visions in the fancy; judgment, on the contrary, lies quite on the other side, in separating carefully, one from another, ideas wherein can be found the least difference, thereby to avoid being misled by similitude, and by affinity to take one thing for another."† And hence we may easily account for that gaiety and those ebullitions of a vivid fancy, which so often assume the character of wit in persons whose minds are deranged, and especially in the sober faculty of the judgment.

Illustrated from
Locke.

Hence the oc-
casional vivacity
of insane per-
sons.

Yet taciturnity
and gloom more
common to
them.

Mirth and wit, however, though sometimes found in the present species of insanity, are by no means its common characters: but, on the contrary, as we have already observed, a love of solitude, gloom, and taciturnity, and an indulgence in the distressing emotions of the mind. And hence, whenever hypochondrism merges into actual insanity, it almost always takes this form; as melancholy, from a sort of natural connection between the two, often assumes many of the symptoms that essentially appertain to the hypochondriac disease; the morbid state of the brain influencing the abdominal organs in the latter case, as the morbid state of the abdominal organs influences the brain in the former.

Common pro-
gress of melan-
choly.

The disease shows itself sometimes suddenly, but more generally by slow and imperceptible degrees. Among the earliest symptoms may be mentioned headaches, frequent attacks of giddiness, sudden confusion of ideas, a great disposition to anger, violent agitations when irritated, and an uncommon sensibility of nerves, whereby

* Physiognomonical System, &c. p. 144. 8vo. 1816.

† On Human Understanding, book II. ch. xi. sect. 2.

the patient is apt to be carried to as great excesses from causes of joy as from those of grief. There is a desire of doing well, but the will is wayward and unsteady, and produces an inability of firmly pursuing any laudable exertion, or even purpose, on account of some painful internal sensation, or the perverseness of the judgment, led astray by false or erroneous ideas which command a firm conviction in the mind.* And if the disease occur in a person possessing that temperament which has been conceived to predispose to it, and was by the Greeks denominated melancholic, the external signs become peculiarly marked and prominent: "the patient," says Hippocrates, in his book on insanity, "is emaciated, withered, and hollow-eyed, and is at the same time troubled with flatulency and acid eructations, with vertigo and singing in the ears, gets little sleep, and, when he closes his eyes, is distracted with fearful and interrupted dreams."

The FIRST VARIETY most commonly commences with this character, and creeps on so gradually, that it is for some time mistaken for a mere attack of hypochondrism or lowness of spirits †, till the mental alienation is at length decided by the wildness of the patient's eyes, the hurry of his step whenever he walks, his extraordinary gestures, and the frequent incongruity of his observations and remarks. The first stage of the disease is thus admirably expressed by Hamlet: — "I have of late, but wherefore I know not, lost all my mirth, foregone all custom of exercise; and, indeed, it goes so heavily with my disposition, that this goodly frame, the earth, seems to me a sterile promontory; this most excellent canopy, the air, look you, this brave o'erhanging firmament, this majestical roof fretted with golden fire, why it appears no other thing to me than a foul and pestilent congregation of vapours."

But while the external world is thus in general falsely recognised by the perception, or falsely discriminated by the judgment, the mind is so completely possessed by some particular trains of imaginary ideas, that the attention is perpetually turned to them, and the judgment mistakes them for substances, and, so far as it is sensible of surrounding objects or scenery, is perpetually blending the vision with the reality. It is not that the patient's ideas are incongruous with themselves, but with the world around him; for the remarks of the melancholy man, when his attention is once correctly fixed, are for the most part peculiarly shrewd and pointed. But in the gloom that hangs over him under the variety we are now contemplating, he can rarely be brought into conversation, seeks for solitude, sits moping in one continued posture from morning to night; or, if he walk at all, seeks for orchards, back lanes, and the gloomiest places he can find. "One of the chief reasons," says Hippocrates, in his epistle to Philopœmenes, "that induced the citizens of Abdera to suspect Democritus of craziness, was, that he forsook the city, and lived in groves and hollow trees, upon a green bank by a brook side, or by a confluence of waters all day and all night."‡

GEN. I.
SPEC. I.
Ecphronia
melancholia.

External signs
sometimes very
strong.

α E. Melan-
cholia attonita.
Often com-
mences gradu-
ally, and is
mistaken for
hypochondrism.
Well described
in Hamlet.

Predominance
of some single
trains of ideas.

Love of silence
and solitude,

as noticed by
Hippocrates.

* Crichton, of Mental Derangement, passim.

† Falret, de l'Hypochondrie et du Suicide, passim. 8vo. Paris, 1822.

‡ A gentleman, residing in a part of the country with which Dr. Conolly is well acquainted, easy in his circumstances, and not unhappy in his family, con-

GEN. I.

SPEC. I.

α E. Melancholia attonita.

Extreme case from Sauvages.

Sauvages, under the variety of *melancholia attonita*, gives an extreme case of the present modification, though not from personal knowledge. "The patient," says he, "never moves from place to place, nor changes his posture: if he be seated, he never stands up; if standing, he never sits; if lying, he never rises. He never moves his feet unless they are pushed aside by a by-stander; but he does not shun the presence of man: if asked a question, he does not answer, and yet appears to understand what is said. He does not yield to admonition, nor pay any attention to objects of sight or touch: he seems immersed in profound thought, and totally occupied by foreign matters. Yet at times he is more awake: if food be put to his mouth, he eats; and if liquor be presented he drinks." M. de Sauvages then adds, that this rare modification of the disease occurred once to Dr. James, physician to the elector of Saxony, in a man about thirty years old, who was terrified with the thought that the Deity had condemned him. It continued for four months, during the autumn and winter; but the patient was at length restored to his right understanding.*

Exciting causes.

Grief, and particularly for the loss of friends, discontent, severe disappointment, the dread of some real or imaginary evil, a violent and long continued exertion of any of the passions, and deep uninterrupted study, have frequently proved accidental causes or accessories of this variety of melancholy, where the peculiarity of the constitution has formed a predisposition, and have sometimes produced it even where no such predisposition can be traced. M. Magendie met with a singular exemplification of this from a cause few would expect, though not difficult of solution. The patient, an intelligent and agreeable man, though of a highly nervous temperament, had the misfortune, at the age of thirty-six, to meet with various crosses in business, and to have his wife become deranged in her confinement with her first child. All his energies were devoted to the recovery of his wife, whom he accompanied in travelling, which was recommended to her; he nursed her with tender assiduity, and was a witness to all her sufferings of body and mind. In time she recovered; but he himself, instead of giving way to joy, fell into a state of the most distressing melancholy — believed himself ruined, pursued by the officers of the police, and about to take his trial for some heinous offence. Upon every other subject, his mind was sound. We have already ob-

Striking exemplification from Magendie.

Explained.

ceived an aversion to interchanging a word with any body whatever. He would avoid people whom he saw approaching, or leave the room when they entered it. He generally had his hands clasped before him, and used to deal much in short exclamations, such as "Lord have mercy upon us!" "What a wicked world this is!" and so forth. Yet this man, when circumstances compelled him into conversation, wanted none of the powers, and had lost none of the information, requisite for performing his part in it with credit. His aversion to meeting or speaking to people was a mere aggravation of what nervous persons are very subject to: but there appeared also to be in him an inaptitude of the nervous system to be so acted upon by ordinary impressions, as to attend to them; but when the impression was increased, his faculties, and especially his attention, were roused into healthy action, and, consequently, he was not insane, according to the principles laid down by Dr. Conolly. See Enquiry concerning the Indications of Insanity, p. 124. — Ed.

• Nosol. Med., class VIII. ord. III.

GEN. I.
SPEC. I.
α E. Melan-
cholia attonita.

served, that the sudden cessation of any habitual drain, or other corporeal irritation, has occasionally proved a cause of melancholy; and we here find, that there is at times as much danger in a sudden cessation of mental as of corporeal irritation; the excited mind being as little capable of bearing the change in the one instance as in the other. And hence, whenever such an effect occurs in an irritable frame, the individual should be instantly roused to some new pursuit, that may swallow up, though more agreeably, the whole of the surplus of sensorial power that has habitually been produced. In the state above described, M. Magendie's patient continued for many months, when, from some unknown cause, the disease upon the mind was thrown upon the motile fibres, and he was attacked with a chorea; the intellect recovering its powers as the muscles of locomotion were more and more thrown into the most ridiculous but involuntary gesticulations. He was restored from this and to perfect health by the use of tonics, and especially the sulphate of quinine.*

Other excitements, by which the present species is produced, are, immoderate exercise, insolation, or long exposure to the direct rays of the sun, sudden transitions from heat to cold, powerful stimuli applied to the stomach.

In the case related by Sauvages, the disease appears to have proceeded from a heated imagination exercised upon false views of religion: and, perhaps, there is no cause more common or more operative, especially in timid minds; and more particularly still where the conscience is alarmed by a review of a long catalogue of real delinquencies, and a dread of eternal reprobation.

Few persons have given a more striking example of this than the Abbé de Rancé when first touched with remorse for the enormity of his past life, and before the disturbed state of his mind had settled into that turn for religious seclusion and mortification which produced the appalling austerities of La Trappe. "To this state of frantic despair," says Dom Lancelot in his letter to La Mère Angélique of Port Royal, "succeeded a black melancholy. He sent away all his friends, and shut himself up in his mansion at Veret, where he would not see a creature. His whole soul, nay even his bodily wants, seemed wholly absorbed in a deep and settled gloom. Shut up in a single room, he even forgot to eat and drink: and when the servant reminded him that it was bedtime, he started as from a deep reverie, and seemed unconscious that it was not still morning. When he was better, he would often wander in the woods for the entire day, wholly regardless of the weather. A faithful servant, who sometimes followed him by stealth, often watched him standing for hours together in one place, the snow and the rain beating on his head; whilst he, unconscious of them, was wholly absorbed in painful recollections. Then, at the fall of a leaf, or the noise of the deer, he would awake as from a slumber, and, wringing his hands, hasten to bury himself in a thicker part of the wood; or else throw himself prostrate, with his face in the snow, and groan bitterly."

Illustrated in
the Abbé de
Rancé:

and the auster-
ities of La
Trappe.

The same causes operate in the production of ROVING or REST-
LESS MELANCHOLY, forming the second variety, and exhibiting a

β E. Melan-
cholia erra-
bunda.

* Magendie, Journ. de Physiologie. Avr. 1822.

GEN. I.
SPEC. I.
§ E. Melan-
cholia erra-
bunda.
Constant desire
to change the
abode or pur-
suit.
Instanced in
the character of
Ophelia.

Often evinces a
most humorous
sadness.

Description
from Burton.

modification which often depends obviously upon a difference of idiosyncrasy, though the cause is not always to be explained, and under the operation of which the patient has a constant desire to change his pursuit or his residence. And hence, while Albert Durer is entitled to the approbation he has so long received for his admirable picture of melancholy under the guise of a pensive female leaning on her arm with fixed looks and neglected dress, Shakspeare has equally copied from nature in his description of the beautiful and interesting Ophelia, who, instead of shutting herself up from the world, and seeking silence and solitude, is represented as peculiarly busy and talkative, and unwittingly divulging the fond secret of her distraction to every one she meets, as well in verse as in prose. Sadness is the prevailing colour of the mind; but it is often, as Jaques expresses it, "a most humorous sadness," so blended with sallies of pleasantry and wit, that it is impossible to listen to them without smiling, notwithstanding the gravity of the occasion. "Humorous they are," says Burton (and unhappily for himself no one knew how to describe the disease better), "beyond all measure; sometimes profusely laughing, extraordinary merry, and then again weeping without a cause; groaning, sighing, pensive, and almost distracted. *Multa absurda fingunt et à ratione aliena* *; they feign many absurdities, void of all reason: one supposeth himself to be a dog, cock, bear, horse, glass, butter. He is a giant, a dwarf, as strong as an hundred men, a lord, duke, prince. Many of them are immovable and fixed in their conceits; others vary upon every object heard or seen. If they see a stage-play, they run upon that for a week after; if they hear music or see dancing, they have nought but bagpipes in their brain; if they see a combat, they are all for arms; if abused, the abuse troubles them long after. Restless in their thoughts and actions, continually meditating,—

— 'velut ægri somnia, vanæ
Finguntur species;'

more like dreamers than men awake, they feign a company of entire fantastical conceits: they have most frivolous thoughts, impossible to be effected; and sometimes think verily that they hear and see present before their eyes such phantasms or goblins they fear, suspect, or conceive; they still talk with and follow them. 'They wake,' says Avicenna, 'as others dream.' Though they do talk with you, and seem to be very intent and busy, they are only thinking of a toy; and still that toy runs in their mind whatever it be; that fear, that suspicion, that abuse, that jealousy, that agony, that vexation, that cross, that castle in the air, that crochet, that whimsie, that fiction, that pleasant waking dream. If it be offensive, especially, they cannot forget it; they may not rest or sleep for it; but still tormenting themselves, *Sisiphi saxum volvunt sibi suis*."

Reflection from
the above de-
scription in
reference to
Burton himself.

How melancholy a reflection, that the writer of this spirited description should have drawn many of its features from himself; and that the work from which it is copied, engaged in for the purpose of diverting his thoughts, and replete with genius, learning,

* Frambes. Consult., lib. 1. 17.

and the finest humour, should only have exasperated the disease, and urged the pitiable patient, as there is too much reason to fear, to an untimely end! "He composed his book," says Mr. Granger, "with a view of relieving his own melancholy; but it increased it to such a degree, that nothing could make him laugh but going to the bridge-foot, and hearing the ribaldry of the bargemen, which rarely failed to throw him into a violent fit of laughter. Before he was overcome with this horrid disorder, he, in the intervals of his vapours, was esteemed one of the most facetious companions in the university."

GEN. I.
SPEC. I.
β E. Melan-
cholia erra-
bunda.

The THIRD VARIETY, in which the alienation assumes a morose or mischievous character, is perhaps the most common form under which the disease makes its appearance. Sometimes the patient is extremely passionate, and will quarrel furiously with every one alike, in whatever tone or manner he is addressed, and expresses himself with great violence of language, occasionally with gross unqualified abuse, but occasionally also in a style of repartee that never was evinced in a sane state. More generally, however, he selects his objects of resentment; which are, for the most part, unaccountably taken from his nearest relations and kindest friends. Against these he harbours the blackest suspicion and jealousy, believing that they are haunting him to take away his money or his life, or to put him to torture. He loads them with every term of the deadliest hatred, or scowls at them with contempt, and denounces them as fools and idiots. Under the distressing influence of this horrid form of the disease, the mother abominates her infant family, and the wife her husband; the most chaste become lascivious; and lips, which have hitherto uttered nothing but the precepts and the language of piety, become grossly profane, and are the vehicles of oaths and impudence. The unhappy individuals are, at the same time, not only sensible of what they say or do, but occasionally, sensible of its being wrong, will express their sorrow for it immediately afterwards, and say they will not do so again. But the waywardness of the will, and its want of control by the judgment, urge them forward in spite of their desire, and they relapse into the same state almost as soon as they have expressed their regret. Mr. Locke has, with great ability, pointed out the proper distinction between these two faculties of the DESIRE and the WILL, and has exemplified it by the chastisement with which an indulgent father frequently finds himself called upon to visit an offending child, and which he wills to perform, though his desire is in the utmost degree reluctant. The disease before us is pregnant with examples of the same kind, and strikingly shows the correctness with which this great master of his subject analysed the human mind.

γ E. Melan-
cholia malevo-
lens.

Description.

Language
sometimes
sarcastic,

sometimes the
vehicle of
deadly hatred,

impudence, and
profaneness.

The patient
occasionally
sensible of this,
and expresses
sorrow: but
soon relapses:

the desire op-
posed by the
will.

We have already observed, that the peculiar turn or modification of the malady depends in general far less upon the immediate and exciting cause, than upon the constitutional temperament, or some operative principle which we cannot always develope. And in proof of this it may be hinted, that I have drawn the principal lineaments of the description just laid down from the case of a lady of about sixty years of age, respecting whom I was lately consulted, and whose exciting cause has been, manifestly, suppressed grief for the death of an only son, and separation from a

Case in proof
that the ex-
citing cause
produces less
influence than
the temper-
ment.

GEN. I.
SPEC. I.
γ E. Melan-
cholia malevo-
lens.

daughter who was the remaining solace of her advancing years, in consequence of her having married a gentleman whose station is in a remote part of the globe. Possessed by nature of a high and commanding spirit, and of a peculiar degree of energy and activity, she effectually succeeded, by a violent internal struggle, in subduing the pangs that at first suffocated her; and has for several years talked of her daughter, and her daughter's children, for the latter has since become a mother, without emotion. But with the loss of fine feeling for her daughter, she has lost, at the same time, all fine feeling upon other subjects; and her judgment has sunk amidst the general wreck. The love of her nearest relations has turned to contempt or hatred; the ardour and animation of her mind, which restrain her from taciturnity and retirement, have rendered her forward and invective; rational expostulation has yielded to sudden and unmeaning fits of violence and blows, and the voice of piety to exclamations that would formerly have shocked her beyond endurance. She, too, is often sensible of her doing wrong, and, in letters of great sobriety and excellence, often complains of her own conduct, and the burden she is become to her friends; but the intervals of sanity are only of a few hours' duration, and with all her calmness, she is sure to relapse.* For many months she was intrusted in her own house to the control of a professional female attendant, who, with great dexterity, at length succeeded in obtaining a due degree of authority over her without personal restraint; and, under the regimen of perfect quiet and seclusion from the world, she seemed to be in a fair way of recovery; but the mischievous fondness of her nearest relations has since removed this faithful watchwoman, and her senses have again been bartered for her liberty.

Tendency to
violence and
abusive lan-
guage account-
ed for.

The symptoms most afflictive to the relations of the patient in this variety of insanity are the tendency to behold them with indifference or even violent aversion, and to utter exclamations and employ language of the most offensive kind to a serious and a delicate ear; and it is the symptom apparently most unaccountable to those who have not studied the disease with much attention. I have already remarked that, in insanity, the corporeal sensibility is greatly diminished, but it is not more so than the moral sensibility; and as the moral sensibility disappears, all moral restraint disappears also: and for the reason that the insane man has little feeling of cold or hunger, he has also little feeling of decency or religion. In the present variety, the worst passions are in a state of excitement, and the language most freely employed is the language of the passion that predominates; and there being no longer any moral restraint, it is employed in its utmost vehemence and coarseness. And as the fond affections have given way to the irascible, it should seem to follow, of course, that the greater the love or friendship formerly, the greater the hatred at present.

This melan-
choly condi-
tion capable of
affording one
consolation.

There is one consolation, however, though a small one, that we may reap from this distressing contemplation, and to which the friends of the sufferer should not be indifferent. It is that, with this blunted sensibility of mind, the patient has no pain from a consciousness of his degraded condition. And it is singular to

* Compare with the Report of the Glasgow Asylum for Lunatics, 1821.

observe, what may also contribute to alleviate the distress of the sympathising heart, how completely his unconsciousness prevails even after a patient's restoration to health, so that few look back upon what they have undergone with the horror that would be expected; while many, even in the apprehension of a relapse, contemplate it, and turn their eye to the abode of misery where they were lately inmates without dread.

The FOURTH VARIETY, OR SELF-COMPLACENT melancholy, is, perhaps, less frequent than any of the rest; but it occurs occasionally, and is often accompanied with a high-coloured and ruddy complexion, and other marks of a sanguineous habit: "Such persons," says Burton, "are much inclined to laughter, are witty and merry, conceited in discourse, pleasant, if they be not far gone, and much given to music, dancing, and to be in women's company." Aristotle gives the case of an inhabitant of Abydos, who, labouring under this variety of the disease, would sit for a whole day as if he had been upon a stage, listening to visionary actors; sometimes acting himself, and occasionally clapping his hands and laughing as overjoyed with the performance.* Such persons have not unfrequently thought themselves called upon to undertake some desperate adventure, and are exquisitely elated with the new and lofty character they are about to embrace.

These stimulant feelings are not unfrequently connected with erroneous ideas of religion, and excite in the mind of the patient a belief, that he is supernaturally endowed with a power of working miracles, or undergoing the severest mortifications without injury. The German Psychological Magazine is full of examples of this kind; and, among others, relates the case of a *gens-d'armes* of Berlin, whose name was Gragert, of a harmless and quiet disposition, but rather of a superstitious turn of mind. From poverty, family misfortunes, and severe military discipline, he brought on a series of sleepless nights, and a mental disquietude that, according to his own report, nothing could dissipate but a perusal of pious books. In reading the Bible, he was struck with the book of Daniel, and so much pleased with it, that it became his favourite study; and from this time the idea of miracles so strongly possessed his imagination, that he began to believe he could perform some himself. He was persuaded more especially that, if he were to plant an apple-tree with a view of its becoming a cherry-tree, such was his power that it would bear cherries. He was discharged from the king's service and sent to the workhouse, where he conducted himself calmly, orderly, and industriously for two years, never doing any thing that betrayed insanity: at which time Dr. Pike examined him, that he might be discharged and sent to his family. He answered every question correctly, except when the subject concerned miracles: in regard to which he retained his old notions; adding, however, at the same time, that, if he found, upon trial after he was at home, that the event did not correspond with his expectation, he would readily relinquish the thought, and believe he had been mistaken; and confessed that he had already removed one error in his mind in this way; for there was an old woman, whom he had at one time considered as a witch, but whom he afterwards discovered, upon trial, to be no such thing.

GEN. I.
SPEC. I.
γ E. Melan-
cholia malevo-
lens.

δ E. Melan-
cholia com-
placens.

Description.

The elated
feeling often
connected with
erroneous ideas
of religion.

Striking case in
exemplification.

* Lib. de Reb. mir.

GEN. I.
SPEC. I.
♂ E. Melan-
cholia com-
placens.
Medical treat-
ment.

Upon the medical treatment of diseases of this kind, we shall not have to say much; but as the plan, chiefly advisable for the present species, is equally advisable for the ensuing, it will be most expedient to reserve the discussion of it till the latter has been described in its order.

SPECIES II.

ECPHRONIA MANIA.

MADNESS.

THE DISCREPANCY BETWEEN THE PERCEPTION AND THE JUDGMENT GENERAL; GREAT EXCITEMENT OF THE MENTAL, SOMETIMES OF THE CORPOREAL, POWERS.

GEN. I.
SPEC. II.

THIS species appears under almost infinite varieties of character, of which, however, it may be sufficient to mark the following, modified for the most part by the predisposing causes that we have already noticed, as modifying the preceding species:—

α Ferox.	Furious and violent madness.
β Exultans.	Gay and elevated madness.
γ Despondens.	Gloomy, despondent madness.
δ Demens.	Chaotic madness.

Exciting
causes.

The exciting causes, like the predisposing, are chiefly those already enumerated under melancholy ecphronia: as sudden and violent mental emotion; bad passions indulged habitually; false views of religion, especially the dread of reprobation and eternal punishment; sudden reverses of fortune, whether from bad to good, or from good to bad; preying anxiety, or lurking discontent; deep protracted study, unrelieved from week to week by an interchange of exercise or society, and breaking in upon the hours of sleep; unkindly child-bed; a suppression of various periodical evacuations; and sometimes even a virtuous restraint of sexual orgasm in a vigorous constitution, without taking purgative or other means to reduce the irritative entony.

Puerperal
mania produced
by sympathy:
but the chain of
sympathy not
easy to be fol-
lowed up.

Of these one of the most frequent causes is that of child-bed, and recovery from child-bed, though it is not always easy to develop the immediate mode by which this change in the constitution acts upon the brain; for it has occurred not only where there has been some organic affection from puerperal fever, a sudden cessation of the lochia, or a sudden relinquishment of nursing, but where the recovery has been unattended with a single unfavourable symptom, and the mother has ardently persevered in the office of a nurse. It shows us, however, very sufficiently, how strong is the chain of sympathy between the brain and many remote organs of the body, and especially those subservient to the function of generation.

Proportionate
influence of this
cause; and

M. Esquirol, not long ago, communicated a paper to the Société de Médecine upon this important subject, enriched with the results of the Hospital de la Salpêtrière, for the years 1811, 12, 13, and

14. During these four years, eleven hundred and nineteen women were admitted, labouring under mental derangement: of whom ninety-two (nearly an eleventh part of the whole) had become deranged after delivery, during or immediately subsequent to the period of suckling. In the higher ranks of society, the proportion of puerperal maniacs he calculates to be not less than a seventh of the whole. Of the above 92 cases, 16 occurred from the first to the fourth day after delivery; 21 from the fifth to the fifteenth; 17 from the sixteenth to the sixtieth day; 19 from the sixtieth to the twelfth month of suckling: and in 19 cases it appeared after voluntary or forced weaning.

Of the above 92 cases, 8 were idiotic, 35 melancholic, and 49 maniacal. The respective ages were as follows: 22 from 20 to 25 years; 41 from 25 to 30 years; and 12 above 30. Fifty-six out of the ninety-two were entirely cured, and thirty-eight of these within the first six months. Fright was the most frequent cause.*

I have said that a virtuously restrained orgasm, in a full habit, and where no steps have been taken to reduce the entonic vigour, has occasionally induced mania. There is a curious instance of the powerful effect of such a state related by Kemnesius in his History of the Council of Trent, which, though it did not terminate in madness, proved quite as fatal. In the year 1419, Rossa, nephew to the king of Portugal, and archbishop elect of Lisbon, was taken seriously ill at Florence. His physicians told him that his disease proceeded from an excessive irritation of the genital organs, and that he would certainly die unless he committed fornication or married. With a courage worthy of a happier issue, he resolved on death, and met it without breaking his vow of celibacy. †

The following instance, however, will prove that mania itself is sometimes a consequence of the same firmness of mind. A clergyman of exemplary character, and one of the most distinguished preachers I have the pleasure of being acquainted with, was, many years ago, very unexpectedly attacked with a paroxysm of mania, the cause of which it seemed impossible to unfold. He recovered in about sixth months, and returned to a regular and punctilious discharge of clerical duty. He is a man of exquisite taste, warm imagination, exalted and highly cultivated mind. With these qualifications, in less than a year after his recovery, he married his maid-servant, and the world imagined he was gone or going out of his senses a second time. A confidential statement of his situation soon proved to myself that nothing could be more prudent or praiseworthy, than the step he has thus taken, and which had excited so much astonishment among his friends. He was fully convinced, he said, though he had never communicated it to any one, that the cause of his unfortunate malady was a genital irritation, exciting to a constant desire of matrimony, which he was not in a situation to comply with, and which compelled him to exercise from day to day a severe restraint upon his feelings. On being fully restored to health, he found the same morbid propensity beginning to return. I felt, said he, it would again drive me mad if I did not relieve it, and my principles forbade me to think for a

GEN. I.
SPEC. II.
Ecphronia
mania.
effects on dif-
ferent periods.

Effects on dif-
ferent habits
and ages.

Restrained
orgasm a cause:
strikingly illus-
trated from
Kemnesius.

Additional
example in the
author's own
practice.

* Quarterly Journal of Foreign Medicine, No. i. p. 98.

† Kemnes. Concil. Trident., part iii. De Cœlibatû Sacerdotum.

'GEN. I.
SPEC. II.
Ecphronia
mania.

moment of relieving it immorally. To what respectable family could I now offer myself, having so lately been discharged from private confinement? The servant, who lived with me, was a very excellent young woman: her disposition was amiable, her mind well capable of cultivation, and her form and manners by no means unpleasing; and hence, after mature deliberation, I determined upon marrying her, if she herself would venture upon so perilous a risk. He married her accordingly; — has ever since, for upwards of twenty years, enjoyed an almost uninterrupted share of health, and has been more than ordinarily happy in his family. Other examples of a like kind are to be found in Paullini*, Martini†, and Vogel‡; but it is unnecessary to copy them. And hence, castration has been often advised, and submitted to, and occasionally with success.

Accidental
causes of other
kinds of trans-
ferred action.

It is from a like sympathy of action between the brain and other parts of the body that we meet with instances of the one or the other species of disease before us, produced occasionally, and, perhaps, in habits of great sensibility, by suppressed irritations of much smaller moment; as cutaneous diseases §, a suppressed hemorrhoidal flux ||, or an ulcer of long standing suddenly dried up. ¶

α E. Mania
ferox.

Sometimes
commences
suddenly.

FURIOUS MANIA, constituting the first variety, sometimes makes its attack very abruptly, and commences with the patient's being sensible of some indescribable movement in his head, which excites him to loud and sudden shrieks, at the same time that he runs up and down the room, and mutters something to himself that is altogether unintelligible: though the symptoms, even in this abrupt and violent attack, admit of much diversity.

More com-
monly shows
itself gradually.

Origin as
described by
Monro.

More commonly, however, the disease is the work of time, and its growth is thus admirably described by Dr. Monro in his reply to Dr. Battie: — "High spirits, as they are generally termed, are the first symptoms of this kind of disorder. These excite a man to take a larger quantity of wine than usual, and the person thus afflicted, from being abstemious, reserved, and modest, shall become quite the contrary, drink freely, talk boldly, obscenely, swear, sit up till midnight; sleep little, rise suddenly from bed, go out a hunting, return again immediately, set all his servants to work, and employ five times the number that is necessary. In short, every thing he says or does betrays the most violent agitation of mind, which it is not in his own power to correct. And yet, in the midst of all this hurry, he will not misplace one word, or give the least reason for any one to think he imagines things to exist that really do not, or that they appear to him different from what they do to other people. They who but seldom see him admire his vivacity, are pleased with his sallies of wit and the sagacity of his remarks; nay, his own family are with difficulty persuaded to take proper care of him, till it becomes absolutely necessary from the apparent ruin of his health and fortune."

* Cent. iii. obs. 14.

† Osservazioni, ch. ii. 10.

‡ Beobachtungen, p. 9.

§ Act. Nat. Cur. vol. viii. obs. 28. Descottes, Journ. de Méd., tom. lxvi. Petit, Œuvres posthumes, tom. iii.

|| Santacrux, De Melancholia, p. 29. Lentilius, Miscell. l. p. 36.

¶ Forestus, lib. x. obs. 24.

This picture is drawn from a rank of life something above that of mediocrity, but its general features of ebullient spirits, and hurry and bustle, and "much ado about nothing," will apply to every rank. Such a person, says Sir A. Crichton, in allusion to the present description, cannot be said as yet to be delirious, but that event soon follows, and he has then the symptoms common to the disease, symptoms which only differ from a difference in the train of thoughts which are represented in his mind. He begins to rave, and talk wildly and incoherently; swears as if in the most violent rage, and then immediately afterwards bursts into fits of laughter, talks obscenely, directs offensive and contemptuous language against his relations and those around him; spits at them; destroys every thing that comes in his way; emits loud and discordant screams, and continues this conduct till he is quite exhausted. The state of rest which follows is generally short and sleepless; the patient is obstinate; he will not speak a word, and clenches his teeth if any thing be offered him to swallow; or else cunningly pretends to drink a little, but immediately squirts it out on the person who offers it. Instantly he again breaks out into all the wild and extravagant language and actions he committed before. If kept in strict coercion, he has often so much command over himself as to behave mildly and modestly; and were it not for the general expression of his countenance, and the peculiar glistening appearance and rapid movement of his eyes, he might impose on many of the by-standers, and make them imagine that the frenzy was over. The length of the paroxysm and of the interval varies greatly in different individuals. But, generally speaking, the more violent the fit, the sooner it ceases from exhaustion; and hence sometimes it ceases in a day or two, and sometimes runs on to a month or even more: returning at the distance of a few weeks, or at certain periods of the year.*

In the SECOND VARIETY, or ELEVATED MADNESS, the passions, and especially the irascible ones, are less busy, and the imagination is chiefly predominant, and at work without ceasing. It is here we most frequently trace something of the ruling pursuit of their former lives, so that the covetous man is still conversant about purchasing lands and tenements, and amuses himself with perpetually augmenting his possessions; while the devotional character is for ever engaged in a routine of prayers, fastings, and ceremonies, visions and revelations, and fancies himself to be inspired and lifted into heaven. The phantoms are all of a pleasurable kind, and mostly such as afford the deluded sufferer a vast opinion of his own rank or talents. Donatus gives the case of a lady at Mantua, who conceited she was married to a king, and would kneel down and affect to converse with him as if he were present with his attendants; and if she found by chance a piece of glass in the street, she would hug it as a jewel sent her from her royal lord and husband.† He relates another case, from Seneca, of Senecio, a madman of considerable wealth, who thought himself and every thing about him great; that he had a great wife and great horses, and could not endure little things of any kind; so that he would

GEN. I.
SPEC. II.
α E. Mania
ferox.

Progressive
symptoms.

Length of
paroxysm and
interval
variable.

β E. Mania
exultans.

Train of
thoughts fre-
quently relates
to the pursuits
of former life.

Phantoms of a
pleasurable
kind:

Illustrated.

* The paroxysm is accurately and powerfully described by Spenser, *Fairie Queen*, b. II. cant. IV. xv.

† *De Hist. Med. Mirab.*, lib. II. cap. I.

GEN. I.
SPEC. II.
β E. Mania
exultans.

The illusion
often uncon-
nected with the
cause of the
disease.

γ E. Mania
despondens.

State of the
mind rarely ex-
planatory of the
exciting cause.

Pathology.

δ E. Mania
demens.

Pathology.

Description
from Pinel.

Additional
features.

be served with great pots to drink out of; great hosen, and great shoes bigger than his feet: "Like her," says Burton, "in Trallian, that supposed she could shake all the world with her finger, and was afraid to clench her hand lest she should crush the world to pieces like an apple." *

Yet even here the train of thoughts or ideas, which occupy the mind of the maniac, in many instances throw no light whatever on the nature or origin of the complaint; and we can still less avail ourselves of them, than in various cases of melancholy.

This is particularly observable in the THIRD VARIETY or DESPONDENT MADNESS; for though this modification of the disease may occasionally be produced by suspicion, terror, or a guilty conscience, it is far more frequently the result of a melancholic idiosyncrasy, or a debilitated state of the constitution at the time of the attack, in consequence of which the sensorial fluid is secreted† perhaps even less freely, instead of more so, than in a condition of health: so that the patient sinks by degrees into a state of insensibility; unless he should be roused with false courage, and find means to put an end to his existence before this period arrives.

IN DEMENTIA, or CHAOTIC MADNESS, this state of sensorial exhaustion and consequent insensibility are still more obvious, though there is, perhaps, less constitutional tendency to the depressing passions. The judgment is here more diseased and weakened than in any other form, and, none of the kindred faculties assuming a paramount power, there is a general anarchy and confusion in the ideas that flit over the sensory without connection or association of any kind. And hence Pinel has admirably characterised it as consisting in a "rapid succession or uninterrupted alternation of insulated ideas and evanescent and unconnected emotions; continually repeated acts of extravagance; complete forgetfulness of every previous state; diminished sensibility to external impressions; abolition of the faculty of judgment; perpetual activity without object or design, or any internal sense of its taking place." ‡

These maniacs are often ungovernable except by means of coercion; but they are more easily restrained, than those who are in a state of frenzy. They are intractable, and neither listen to entreaty or to menaces. Fear of corporal punishment, however, makes them obey. They willingly avoid the light, burying themselves under the bed-clothes, or under the straw of their cells. They are totally regardless of decency and cleanliness, and, from some strange motive, are often found smearing themselves over with their excrement. For the most part, they have little appetite, and refuse the food offered them; yet a sense of hunger seems sometimes to return with great keenness, when they will greedily devour their feces. Of the nature of the ideas that take place in the sensory, and are expressed by an unintelligible muttering, we know nothing further than that, from the screams and howlings with which their jargon is accompanied, there can be no doubt that they are often excited by painful sensations of body or mind.

* Anat. of Melancholy, part i. sect. 3.

† As this expression is quite an improbable hypothesis, it would be better to exchange it for "sensorial power is generated." — ED.

‡ De l'Aliénation Mentale, ch. iii. iii. § 176.

It is happy for those, who suffer under this as well as under the preceding form, that they rarely sustain a long conflict; the exhaustion of sensorial power by repeated paroxysms soon leading to a total torpitude, and consequently a death of the sensorial organ*; though there are instances, in which a paroxysm of more violence than usual has produced a favourable change, and suddenly restored the patient to his senses.

In gloomy madness, in which there is often a chronic affection of some of the abdominal organs co-operating with a diseased condition of the brain, we find least to justify hope; the patients generally become weakened by fresh paroxysms, and often sink into a state of idiotism.

The first variety, on the contrary, if the constitution have not been seriously broken down by intemperance, or the patient be not suddenly carried off by the violence of the attack on its commencement, will often work its own cure by its own ardour; and will gradually soften into a more sober state from simple mental fatigue. While in the milder and more pleasurable modification of the second variety, in which the production of sensorial power is upon the whole perhaps less than in a condition of sanity, (since, though the stimulus of the disease may tend to increase it a little, the total privation which the patient enjoys of all the vexations, and anxieties, and wearing vicissitudes of real life, reduce it to a moderated and even tenour it could not otherwise possess,) nothing is more common than for maniacs to continue to a very advanced age. I am at this moment interested in the case of a clergyman, who has reached his ninety-sixth year, and has been in a state of quiet insanity for more than half a century.

For the most part, those are most easily, as well as most rapidly, cured, whose insanity, of whatever kind it be, has been produced by accidental causes, as intoxication, sudden transition from cold to heat, retention of habitual discharges, or a revulsion by a transfer of morbid action from other organs. And hence the comparative facility with which a cure is effected in insanity after child-birth. Whilst, on the contrary, those are least likely to obtain a permanent recovery who possess an hereditary taint; the disease may indeed leave them for a time, but, the predisposition remaining, they commonly fall victims to fresh attacks after intervals of a year or two, or even of a few months.

“Mania and melancholy,” says Dr. Greding, writing while he was physician to the workhouse at Waldheim, “have continued half a year with some, and remained forty years and upward with others, among whom one patient only in this workhouse attained the age of eighty-five.”†

The chance of recovery is considerably greater upon the first than upon any subsequent attack, and especially if the disease have

* “Death of the sensorial organ” seems by no means an eligible expression, as it may be understood to signify, that the brain, in the case here described, dies first, and the rest of the system perishes afterwards, in consequence of the death of the sensorial organ. In the examples referred to, the violence of the paroxysms may be said to derange the functions of the whole nervous system, disturb all the operations of the animal economy, and thus bring on debility, various forms of disease, and speedy dissolution. — Ed.

† Vermischte Schriften, ut suprà, &c.

GEN. I.
SPEC. II.
δ E. Mania
demens.

General prognostics.

In reference to the fourth variety.

In reference to the third.

In reference to the first.

In reference to the second.

Disease most easily cured when produced by accidental causes.

Hence the frequent and easy cure of puerperal insanity.

Most difficult of removal when accompanied with an hereditary taint.

Term of the disease variable from six months to forty years, or longer.

First attack easiest carried off, especially if under three months' standing.

GEN. I.
SPEC. II.
Ecphronia
maniai.
Comparative
chance beyond
this term small.
Curative pro-
cess of two
kinds: medical
and moral.

Medical treat-
ment.
Formerly too
indiscrimin-
ative.

not exceeded three months' duration when the patient is first put under medical treatment. If it have, at this time, lasted a twelve-month, the prospect of success is diminished by half; if two years, not above a fourth part as many recover; and if more than two years, the expectation is small, though, where the second year is not much exceeded, a cure is by no means to be despaired of.

The treatment of ecphronia has generally been discussed under the two heads of MEDICAL and MORAL. Both have undergone a very great improvement within the last twenty or thirty years: the first by being considerably simplified; the second, by being more thoroughly studied and raised to a higher degree of importance.*

Nothing can be more injudicious than the ordinary routine of MEDICAL TREATMENT, which, till within a few years, was equally employed in almost all the larger lunatic establishments in our own country and on the Continent, especially at Bethlem, the Hospice d'Humanité, and the Hôtel Dieu; and which consisted in a course of venesections, emetics, and purgatives, administered in every case indiscriminately, and often, indeed, without even the personal inspection of the consulting physician or other superintending medical officer; and if, to these means of cure, we add the occasional use of bathing in various forms and various temperatures, we shall very nearly have exhausted the merely medical process that till of late was ordinarily had recourse to.

Upon the cruel and disgusting scenes which, from the late parliamentary enquiry, and the report of the committee which followed, are well known to have occurred not long ago in the largest and most celebrated receptacle of lunatics in this metropolis, it is now unnecessary to dwell. But, from the official communication of M. Esquirol to the French government, concerning

* When a medical practitioner is consulted respecting a person suspected to be insane, his whole duty, as Dr. Conolly explains, resolves itself into two parts: —1. To determine whether the individual in question be of sound mind. 2. To give an opinion concerning the treatment required, and especially concerning the necessity of restraint, and *the degree and nature of such restraint*.

The aid of medicine is required in most cases of disturbed mind; personal restraint may be required in many; but the degrees of it, which are required in different cases, vary as the cases themselves vary, from the slightest to the most complete; and complete restraint is very rarely required. Whether the person ought to be confined at all will rest, as Dr. Conolly very properly insists, upon the consideration, whether the degree or character of the mental disturbance is such as to make the patient dangerous to himself or others, either as regards person or property. (See Dr. Conolly's Enquiry concerning the Indications of Insanity, pp. 365. 386, &c.) This talented writer adverts to the frequency of cases in which patients become more and more susceptible of all impressions, and more and more irritable, in consequence of habitual indulgence in diet, which disagrees with them. Certain articles of food, or of drink, which produce a temporary disturbance of the whole system, are taken so frequently, that the body and mind are never left quite free from their effects. During the early stage of such cases, restraint may be productive of a complete cure; and even when insanity has become declared, but has not long existed, it will recede and disappear, if the habits, which are destroying the mind, are resolutely broken. The cure depends partly upon physical, and partly upon moral, treatment; and Dr. Conolly gives it as his opinion, that both may often be better administered out of an asylum than in it. Long-continued superintendence and occasional restraint are necessary; but seclusion, confinement among lunatics, deprivation of property, long separation from friends, are quite uncalled for and improper. *Op. cit.*, p. 393. — ED.

the residences for lunatics throughout France, it is perfectly clear, that we have not transgressed in a greater degree than our neighbours. Filth, straw, and dirty rags, were all these miserable beings possessed in many depôts to mitigate the coldness of the air, and the dampness of their paved, crammed, and suffocating cells. And, in some instances, they had neither straw nor rags, and were perfectly naked, except from a layer of dirt. "J'ai vu," says M. Esquirol, with just indignation, "un malheureux imbécile, tout nu et sans paille, couché sur le pavé. Exprimant mon étonnement d'un pareil abandon, le concierge me répondit que l'administration ne lui passait, pour chaque individu, qu'une botte de paille tous les quinze jours. Je fis remarquer à ce barbare que le chien qui veillait à la porte des aliénés étoit logé plus sagement, et qu'il avoit de la paille fraîche et en abondance. Cette remarque me valut un sourire de pitié. Et j'étois dans une des grandes villes de France."* It is satisfactory, however, to know, that a more judicious and discriminative practice has in all these asylums been introduced since the above period, and that it has been followed by an abundant success.†

Admitting the proximate cause of insanity to be in most cases an increased action of the vessels secreting the nervous fluid, [or supplying with blood the organs by which the sensorial power is produced] venesection and cathartics and a general reducent regimen seem indicated as an ordinary mean of relief; and are unquestionably called for when the pulse is full and strong, and the temperament is sanguineous: and the success, which has so frequently accompanied this practice, stamps it with the highest sanction it can receive. But there is great reason to believe, that even where the demand for blood-letting is unequivocal, it has been carried to a mischievous extent, and ruined its own benefit. Thus Plater made a point of repeating it once a week, and sometimes had recourse to it for seventy weeks in succession.‡

Much caution, however, is necessary even in the first trial; for as a sound intellect depends apparently upon a certain degree of excitement in the sensorial vessels, and a certain quantity of the fluid secreted, [or intellectual power generated] derangement may take place also, as we have already observed, from diminished instead of from increased action, and diminished instead of increased secretion or production. And such we have reason to believe is the cause of delirium whenever it occurs in profuse hæmorrhage, and in typhous fevers; and it is obvious that, in all

GEN. I.
SPEC. II.
Ecphronia
mania.
Medical treat-
ment.

A reducent
plan when and
how far ad-
visable.

Venesection,
when called for,
has been re-
peated extra-
vagantly: by
Plater seventy
times.

Caution neces-
sary even from
the first:

as increased in-
stead of dimi-
nished action
may be neces-
sary.

* Des Etablissements des Aliénés en France, et des Moyens d'améliorer le sort de ces Infortunés. Paris, 1819.

† In Dr. Conolly's Inquiry into the Indications of Insanity, many judicious reflections will be found on the disadvantages of the common system of lunatic asylums. Every humane mind will also incline to his opinion, that it is not every form of mental derangement that justifies confinement in such establishments. A man may fancy his legs to be butter, and take all due care of them, without injury to himself, his family, his property, or the property and persons of others, and no one can have a right to interfere with him. (Op. cit., p. 305.) He may, on seeing his doctor, address him as if he were Jesus Christ; or he may fancy that a princess is in love with him, and do many extravagant things, in consequence of the delusion; yet his conduct will not justify restraint, unless his mental disorder lead him to neglect his affairs and his family, or to inflict injury either on others or on himself. Op. cit., p. 384. — Ed.

‡ Observ., lib. i. p. 86.

GEN. I.

SPEC. II.

Ecphronia
mania.Medical treat-
ment.General points
of consideration
antecedently to
a decision.Occasions for
repeated bleed-
ing not com-
mon.Purgatives less
objectionable
and more use-
ful.Occasional
benefit of a
spontaneous
diarrhœa.Little de-
pendence upon
any other class
of medicines.

Emetics.

Blisters.

Narcotics.

Opium doubt-
ful :

such instances, a reducent plan must necessarily tend to augment instead of to carry off the disease. And hence, the patient's general habit and temperament, the nature of the exciting cause, the probability of visceral congestion, the violence or mildness of the maniacal symptoms, the progress they have made, and the length of time he has laboured under them, are all to be taken into consideration before we can determine upon the expediency of bleeding even at first. And if, when we have decided upon its propriety, no benefit be produced from a second or a third repetition, we have no encouragement to proceed further, and should withhold the lancet altogether.

To a series of purgative medicines there is less objection, provided they are not rendered too violent. The abdominal viscera, it has already appeared, form in many instances an important link in the morbid chain of action, and are sometimes the primary cause of the disease : and it is hence of great moment, that they should be effectually cleared of any matter that may irritate or clog them up. But beyond this, by keeping up such an increased action in the abdominal region as the organs may bear without debility, we may diminish or change the morbid action in the head by remote sympathy, or entirely withdraw it by a revulsion. A spontaneous diarrhœa has been known in various cases to carry off the disease as by a charm : and the use of this class of medicines is the more necessary, as the bowels of maniacal patients are apt to be extremely costive. If the black hellebore of the ancients, which appears to have been a different plant from that of the modern dispensatories, were ever entitled to half the antimaniacal virtues ascribed to it, it was most probably upon the obvious ground of its being a purgative attenuant and deobstruent.

Dr. Dubuisson has lately revived the use of the modern black hellebore in various species of mental alienation, as chronic mania, melancholy, and hypochondrism : in all which he speaks of its effects, after an extensive trial, as highly successful. He has given it also in every form, as that of powder, decoction, watery extract, and tincture ; but prefers the extract as least irritating.* His opinion, however, is not supported by the result of general practice, and appears to be by far too sweeping and indiscriminate. Spleisius, nevertheless, affirms that in his hands, when given freely, it proved sedative and produced sleep.†

Upon no other description of medicines can we place any rational dependence. Emetics, narcotics, and other sedatives, and antispasmodics, have been tried for ages in every form and in every proportion ; sometimes alone, and sometimes in conjunction with blisters and the warm or cold bath. There are instances in which they have all appeared to produce some benefit ; but the far greater number, in which they have failed, prevents us from placing any reliance upon them.

Of the narcotics, the chief that have been had recourse to, are opium, aconite, belladonna, and the stramonium. Far more mischief than good seems to have followed from the use of all of them, with the exception of the first, which would probably be

* Des Vesanies ou, Maladies Mentales. Paris, 1816.

† Annotat. in Zapat. Mirabil., p. 136.

found a remedy of high value if we could duly discriminate the proper states or modifications of the disease for its use. Dr. Cullen's experience of it in mania he admits to be small, but he has correctly estimated its general effects in telling us, that, in some cases, he found it useful in moderating the violence of the disease, but that in others he found it manifestly hurtful. A monographist upon this malady could not, perhaps, be engaged more usefully, than in turning his attention to the peculiarities which produce this difference. On the Continent, it has also been given sometimes alone; but, more usually, in conjunction with nitre or camphor, or both; but, in all these forms, also, with variable success.*

Upon what ground St. John's wort was ever advanced to the rank of a powerful sedative, I know not; but, in this class, it at one time took the lead and held it for ages. Its antispasmodic powers were regarded of so high a character as equally to put to flight hysterics, hypochondrism, and madness of every kind, and especially that which was formerly described under the name of *dæmonomania* †, whence, indeed, its technical name of *hypericum* or *fuga dæmonum*, under which it was also celebrated. It occupied a place in a late edition of the *Pharmacopœia* of the London College, and was at one time noticed as an antispasmodic even by Dr. Cullen, who rejected it, however, most deservedly, in his maturer courses of lectures. Its only sensible qualities are those of a slight resinous bitter, not worth the trouble of extracting.

Camphor is a sedative far better entitled to attention, and appears to have been tried with more extensive success, than any other medicine of the same tribe. It has been given alone, and in union with other sedatives, chiefly with opium, nitre, and the mineral acids, none of which, however, seem to have improved its powers. Berger, Fischer, and Herz, speak favourably of its effects abroad; and, in our own country, it has had equal commendations from physicians of distinguished talents. Dr. Mead thought highly of it; Sir Clifton Wintringham tells us that he found it, given to the amount of half a drachm in the evening, diminish the phrensy, procure sleep, and produce perspiration. Unfortunately, however, here, as in the case of opium, we have so many proofs of its utter inefficacy, as to render us at present incapable of placing any dependence upon it in any quantity or with any auxiliary. Dr. Cullen had a patient who began with five grains for the night's dose, and advanced it gradually to thirty, without any benefit, though without any increase of the pulse. At this time, it was carried by accident to forty grains, which produced syncope, and nearly proved fatal. The patient, however, recovered from the accidental symptoms, but unhappily no impression was made on the constitutional disease. ‡

The warm and cold bath have also had their votaries, but no certain benefit appears to have been derived from either. The last may be useful as a tonic in a state of convalescence, but has rarely produced real benefit during the progress of the disease.

GEN I.
SPEC. II.
Ecphronia
mania.
Medical treat-
ment.
but requires a
more discrimin-
ative trial.

Hypericum
formerly in
high esteem,
but without
grounds.

Camphor.

Its effects dif-
ferent in dif-
ferent hands or
different cases.

Bath, warm
and cold.

* Fribourg, Coll. Soc. Med. Hafn., ii. p. 176.

† Abrah. Mayer, Archiv. der Practischen Arzneykunde.

‡ Mat. Med., vol. ii. p. 294.

GEN. I.

SPEC. II.

Ephronia
mania.
Medical treat-
ment.

Pounded ice
applied to the
head, formerly
by Wendt and
others.

Daniel applied
ice to the head,
and warm bath
to the body at
the same time.

Process lately
had recourse to
in our own
country, as a
new discovery.

Has been sup-
posed a specific;
but not able to
support its pre-
tensions.

Moral treat-
ment.

Chiefly to be
depended upon.

Firmness of
authority with
conciliatory
manners.

In public insti-
tutions, a proper
classification.

Occupations.

Weber, however, thought it useful, and published several cases to this effect. *

From an idea that the disease consists in an undue determination to the head, or an undue excitement of the vessels supplying the organs of sensorial power, Wendt† surrounded the head with cataplasms of pounded ice in the form of a night-cap; and Daniel, with a still more ingenious spirit of adventure, applied cataplasms of the same kind to the head, while the body, with a view of encouraging a revulsion more effectually, was plunged into a warm bath. The process will be found described in his *Beyträge zur Medicinischen Gelehrsamkeit*, published in quarto at Halle in 1749. And I mention the fact as an act of justice to the author, since the same process has of late years been revived in France and in our own country as a new discovery. Daniel thought it highly beneficial; and by its recent revivers it was at one time held up as a specific; but whatever success may, in a few rare instances, have attended it, the practice has not been able to work itself into public favour; and a sober attention to its effects does not seem to justify its further continuance. M. Pinel was at one time favourable to an employment of jets of cold water directed upon the head, while the body was immersed in tepid water; but his successor, M. Esquirol, is decidedly of opinion that it is injurious; and, in many cases, has induced disorganisation of the cerebrum, and rendered the madness incurable. ‡

After all, we have chiefly to depend on MORAL TREATMENT. Firmness on the part of the attendant, with conciliatory manners, has done wonders; but a sense of authority must be maintained, though occasional severity should be necessary for this purpose: yet it will rarely be needful to exceed the coercion of the strait waistcoat. It is needless to add, that the diet should be of the simplest kind, that every thing which can tend to produce excitement should be prohibited, and that, in public institutions, the patients should be divided into proper classes. Amusements of every kind that may engage the attention and encourage exercise in the open air, without rousing the passions or producing fatigue, should be promoted by every contrivance that can be thought of. And if the turn or previous occupation of the patient point to any particular pursuit, and especially to handicraft trades, and those that employ the mind without exhausting it, as that of sawing, gardening, bookbinding, or watch-making, he should be enabled to pursue

* *Observ. Med.*, fascic. I. p. 26. See also *Act. Med. Berol.*, Dec. I. vol. vii. p. 61.

† *Nachricht, Von dem Klinischen Institut. zu Erlangen*, 1783. 8vo.

‡ The treatment of mental disorder must be determined in a great measure by the cause of the affection. That cause will probably be found to be "one of those, producing temporary inequalities of mind, but the operation of which has, in the case of the insane person, more deeply affected the understanding. Some stimulus may have been withdrawn, or some emotion may have acted too much as a stimulus. Disease, or age, may have produced disturbance or debility. If the undue exercise, or the too great neglect of any one faculty, as of the attention, the memory, or the imagination, has brought on the malady, the object must be to excite, or to soothe, to rouse, or to restrain such faculty; or if the irregularity seems dependent on some bodily inaptness, or disorder, to this, of course, attention must be immediately given." See Dr. Conolly's *Inquiry concerning the Indications of Insanity*, p. 388. — Ed.

it according to his own desire. The desire itself is a favourable symptom, and has often led to the most beneficial results.

Judicious conversation and cheering advice are also of great importance; and regular daily attendance on religious services in the bosom of a private family, or with a few patients of a like standard in a public institution, may be allowed, where the disease has assumed a convalescent shape, and the service is performed soberly and dispassionately.* This will at first, perhaps, be only of use as promoting a habit of moral order and quietism; but every good man will indulge the hope, that it may afterwards introduce into the mind the higher blessing of spiritual peace and consolation. Yet the attempt must not be begun too soon, and in no case till the patient has acquired not only a spirit of subordination but of tranquillity. Before this period, nothing can be so absurd as to attempt devotional instruction of any kind; for the subject of religion can only be addressed to the reason, or to the passions: the former of which does not exist in a state to be influenced; and the latter of which, if they could be influenced at all, would only add to the excitement, and increase the disease. The clear duty of the priest and of the physician is in this case one and the same: it is to bring the mind home to the world around it; to draw it down and fix it upon things of time and sense, instead of rousing it to things invisible and eternal; to enable it to behold God in the materialities of his works, instead of urging it to a contemplation of him in the spiritualities of his word. To instigate to an abstract and elevated communion with his Creator a madman, who is incapable of holding an intercourse upon ordinary topics with his fellow creature, is to cure a frozen limb by pouring boiling water upon it, or to teach the Optics of Newton in a nursery.

In many cases, the cure mainly depends upon withdrawing the patient's mind as much as possible from every former scene and every former companion; in setting before him a new world, and giving an entire change to the current of his recollections and ideas. There are particular cases, however, and perhaps particular periods of the disease, if we could accurately hit upon them, in which the sudden admission of a well-known friend or relation, and a sudden recall of the mind to its former images and habits, tend to produce a most salutary excitement, and disperse the maniacal cloud like a dream. Dr. Gooch has given an interesting illustration of this remark, in the case of a lady, twenty-eight years of age, of a good constitution, but susceptible mind, who fell into a state of melancholy, in the ordinary sense of the term, a few months after a second child-birth, and at length became furious. "She was now," says he, "put under the care of an experienced attendant, separated entirely from her husband, children, and friends; placed in a neat cottage surrounded by agreeable country (it was the finest season of the year), and visited regularly by her physician. For several weeks she manifested no improvement; sometimes she was occupied with one notion, sometimes with another; but they were always of the most gloomy description. At length it became her firm belief that she was to be executed for her crimes in the most public and dis-

GEN. I.
SPEC. II.

Ecphronia
mania.
Moral treat-
ment.

Judicious and
cheering con-
versation and
advice in con-
valescence.

Attendance on
religious ser-
vices, how far
advisable.

Must not be
begun too soon.

Before con-
valescence, no
benefit what-
ever to be de-
rived from such
means.

Explained.

Advantage
often to be
derived from
withdrawing
the patient's
mind from all
former scenes
and connec-
tions.

Yet in a few
instances, and
at particular
seasons, the
contrary has
been found
serviceable.

Interesting
case in illustra-
tion.

* Report of the Glasgow Asylum for Lunatics, 1820.

GEN. I.
SPEC. II.
Ecphronia
mania.
Moral treat-
ment.

graceful way; every noise she heard was that of the workmen erecting the scaffold; every carriage, the officers of justice assembling at the execution. But what affected her most deeply, was, that her infamy had occasioned the disgrace and death of her children and husband, and that his spirit haunted her. As soon as the evening closed, she would station herself at a window at the back of the cottage, and fix her eyes on a white post that could be seen through the dusk: this was the ghost of her husband; day and night he was whistling in her ears. Several weeks passed in this way. The daily reports varied, but announced nothing happy. At length her husband became impatient, and begged to have an interview with her, thinking that the best way to convince her he was not dead was to show himself. This was objected to. He was told the general fact, that patients are more likely to recover when completely separated from their friends; and that, if she saw him, she would say, it was not himself, but his ghost. But the husband was obstinate, and an interview was consented to. When he arrived at the cottage, he was told that she had had a tolerable night, was rather more tranquil, but that there was no abatement of her gloomy notions. 'As soon as I entered the drawing-room, where she usually spent the day,' (I copy his own statement, which I have now before me, and which he wrote down at the time of the occurrence,) 'she ran into a corner, hid her face in a handkerchief, then turned round, looked me in the face, one moment appearing delighted at the thought that I was alive, but immediately afterwards assuming a hideous expression of countenance, and screaming out that I was dead, and come to haunt her. This was exactly what Dr. — had anticipated, and for some minutes I thought all was lost. Finding that persuasions and argument only irritated and confirmed her in her belief, I desisted, and tried to draw off her attention to other subjects. It was some time since she had either seen me or her children: I put her arm under mine, took her into the garden, and began to relate what had occurred to me and them since we parted. This excited her attention; she soon became interested; and I entered with the utmost minuteness and circumstantiality into the affairs of the nursery, her home, and her friends. I now felt that I was gaining ground, and, when I thought I had complete possession of her mind, I ventured to ask her, in a joking manner, whether I was not very communicative for a ghost. She laughed. I immediately drew her from the subject, and again engaged her attention with her children and friends. The plan succeeded beyond my hope; I dined, spent the evening with her, and left her at night perfectly herself again.' He went the next morning in a state of intense anxiety to know whether his success had been permanent; but her appearance at the window with a cheerful countenance soon relieved his apprehensions. While he was there, Dr. — came in. He went up stairs without knowing the effect of the interview, and came down, saying, 'It looks like magic!' With the view of confirming her recovery, she was ordered to the sea-side to bathe. As soon as the day of her departure was fixed, she began to droop again, the evening before it she was very low, and on the morning of her setting off was as bad as ever. This state continued for several weeks, in spite of sea-air and bathing; and ceased as suddenly as

it had done before, apparently in consequence of interviews with friends, calculated to remove the apprehensions by which her mind was haunted. She has since then continued perfectly well, and has had another child, without the slightest threatening of her former malady." *

This was a bold venture, and the physician must be of a temper more than ordinarily sanguine who would predict a like success upon every similar attempt. Yet we have already had occasion to observe, that puerperal insanity is more easily recovered from, than most other forms of the disease.†

GEN. I.
SPEC. II.
Ecphronia
mania.
Moral treat-
ment.

An experiment
thus bold and
fortunate, not
to be rashly
copied.

* Med. Trans., vol. vi.

† In the foregoing talented observations, Dr. Good has omitted to notice a subject which has been most eloquently treated of by Dr. Conolly, namely, the many circumstances which, in places for the reception of lunatics, retard or prevent the patient's return to the full enjoyment of reason. In particular, Dr. Conolly adverts to the neglect of making a proper classification of the inmates of such establishments. "There is," says he, "sometimes a mere separation of the rich from the poor; or of the noisy from the quiet; or of the paralytic and idiots, or, at the best, of convalescents from the rest. Even this case is not common. Not only so long as it is neglected, but so long as one lunatic associates with another lunatic, supposing the cases to be curable, so long must the chances of restoration to sanity be very materially diminished. Convalescents should not even associate with convalescents, except under the strict watching of persons of sound mind: they can hardly assist, and they may retard, the recovery of one another." (Inquiry concerning the Indications of Insanity, p. 28.) Dr. Conolly also points out a class of patients for whom a lunatic asylum is a most improper place, viz. those who become affected with various degrees of weakness of intellect. In such persons, there is little or no extravagance, still less is there any thing in their condition to render their liberty dangerous. As this infirmity of mind is diversified by intervals of amendment, it is clear that confining such individuals with lunatics, is the most likely thing both to afflict them, and to shut out every hope of restoration to mental strength. The maxim which Dr. Conolly every where inculcates, is, that restraint, with reference both to the person and to the management of affairs, can never be justified, except by probable danger to the person of the patient, or to others, or to his property, or the property of others. (p. 430.) "If an insane man believes that he has communication with angels, or is an emperor, or a general, his happiness may be very harmless; he may require no restraint. But, in the angelic revelations made to him, he may be ordered to kill his children; or, in his capacity of emperor, or general, he may put his supposed subjects, or soldiers, to death. The disposition to do this may arise suddenly, and nothing but watching and superintendence can lead to a discovery of it. Yet, to restrain this poor man, at all times, from walking about the fields, or partaking of any of the common enjoyments of society of which he is capable, because such a thing may happen, is not to be justified. Unless he is known to be mischievous, it is unnecessary and cruel. A man must not be made a prisoner for life, because he chooses to wear a coat the wrong side outwards, or a pointed hat. It may be more necessary to protect him from others, than others from him; and therefore an asylum to him may be what its name imports,—a sanctuary and a refuge; but, unless he is disposed to injure others, or himself, he must not be subjected to severe restraint. If he has property, and can take care of it, no one ought to touch that property on account of his peculiar dress." Op. cit., p. 430.

— Ed.

GENUS II.

EMPATHEMA.

UNGOVERNABLE PASSION.

THE JUDGMENT PERVERTED OR OVERPOWERED BY THE FORCE OF SOME PREDOMINANT PASSION; THE FEATURES OF THE COUNTENANCE CHANGED FROM THEIR COMMON CHARACTER.

GEN. II.
Derivation of the generic term.

All the faculties of the mind as liable to disease as those of the body.

The passions of the mind equally liable; and are to the mind what feelings are to the body.

May be in morbid excess or diminution: may be pleasantly excited or painfully.

Morbid passions constitute the present genus.

This genus never hitherto properly arranged or digested.

Its species regarded by Pinel as modifications of mania: by Sauvages nearly the same: by Crichton as modifications of insanity.

THE term EMPATHEMA is derived from the Greek πάθημα, "passio," "affection," whence ἐμπαθής, "cui insunt affectus seu perturbationes; affectû percitus vel commotus."

We have already had occasion to observe that the various faculties of the mind are just as liable to be separately diseased as those of the body: for, as the faculty of digestion may be impaired, while that of respiration or secretion remains in perfect health; so may the perception or the judgment be injured, while the memory or the imagination continues in its former activity. It is the same with the pathetic faculties. These, I have stated, are to the mental part of the human frame, what feelings, properly so called, are to the corporeal: and hence both may be excited pleasantly or painfully; they may be in morbid excess or in morbid diminution; and their influence may equally vary, according to the peculiarity of the passion or the sense affected. Each will, therefore, furnish a distinct division of diseases: the first constitutes the genus before us; the second will be found in the ensuing order.

The present genus, however, has never hitherto been properly arranged or digested. Pinel is constantly describing the species that belong to it in his general remarks and illustrative cases, but allots no place to it in his nosological arrangement, with the exception of the third species; which, as I have already observed, he has irregularly ranked as a subdivision of mania, under the name of manie sans délire; although he admits, that the judgment and perception, and, indeed, all the reasoning faculties of the mind, are in most cases undisturbed. In like manner, Sauvages has incorrectly merged the whole family into a single species under the genus mania, to the utter confusion of both.

It is not a little singular that Dr. Crichton, who has written so excellently on the diseases of the passions, and has illustrated his observations with such a variety of examples, should, both in his "Inquiry into the Nature of Mental Derangement," and in his "Synoptical Table," either have assigned no place to these diseases, or have transferred them, like Sauvages, to insanity, under his nomenclature, *delirium*; although, as I have just remarked, the perception and the judgment (a diseased condition of which is usually appealed to as constituting pathognomonic symptoms of insanity) are, for the most part, strikingly clear in empathema, and often peculiarly acute. This last faculty, indeed, is frequently *perverted*

by the prevailing emotion or passion of the hour ; as where a man, under the influence of despair, reasons himself into the lawfulness and expediency of suicide ; but the argument, though deflected, runs still in a right line ; or, in other words, consists of correct reasoning built on a perception of false ideas as its premises, of which we have had various examples in the philosophical suicides of Germany. In the greater number of cases, however, the judgment, instead of being perverted, is merely overpowered by the impassioned emotion ; there is neither false judgment, nor false perception.

Ungovernable passion, or empathema, nevertheless, though not strictly insanity, is as much a mental derangement as insanity itself.

“ Ira furor brevis est,”

is as clear a truth as is to be found in the whole learning of the Roman empire ; and hence the elegant and fanciful mind of the Greeks added the term mania to that expressive of any passion or emotion whatever, when in a state of violence or misrule, as doxomania, erotomania, chrysomeania ; and, in this sense, mania is often used in the colloquial language of our own day. For poetry or vernacular speech, mania, thus employed, is intelligible enough ; but it is not sufficiently correct for medical or physiological purposes, under which predominant passion must necessarily be distinguished from delirium.

The genus EMPATHEMA has three species : the first characterised by the rousing power of the prevailing passion ; the second, by its depressing power ; the third, by symptoms different from both, and which will be explained in its order.

- | | |
|-------------------------|-------------------------|
| 1. EMPATHEMA ENTONICUM. | IMPASSIONED EXCITEMENT. |
| 2. ————— ATONICUM. | IMPASSIONED DEPRESSION. |
| 3. ————— INANE. | HARE-BRAINED PASSION. |

GEN. II.
Empathema.

Ungovernable passion, though not insanity, still a mental derangement.

How contemplated by the Greeks and Romans.

Species, how distinguished.

SPECIES I.

EMPATHEMA ENTONICUM.

IMPASSIONED EXCITEMENT.

THE PREDOMINANT PASSION ACCOMPANIED WITH INCREASED EXCITEMENT, ARDOUR, AND ACTIVITY ; EYE QUICK AND DARING ; COUNTENANCE FLUSHED AND TUMID.

THE varieties are innumerable : the chief are as follow : —

- | | |
|-----------------|--------------------------|
| α Lætitia. | Ungovernable joy. |
| β Philautia. | Self-love. Self-conceit. |
| γ Superbia. | Pride. |
| δ Gloria famis. | Ambition. |
| ε Iracundia. | Anger. |
| ζ Zelotypia. | Jealousy. |

GEN. II.]
SPEC. I.

All these, and, indeed, all other passions whatever, are as much direct and indirect stimulants to the mind as provocative foods, or are direct

GEN. II.

SPEC. I.

Empathema
entonicum.

stimulants to
the mind :
and hence may
be useful or
mischievous :

Hence possess
some symptoms
in common :

Sometimes dis-
cover them-
selves by
separate signs,
or affecting
separate organs.

Some organs
equally affected
by a vehement
excitement of
all passions.

Hence much
of our popular
phrasology
derived :

Whence the
heart said to be
the seat of
hatred.

How different
organs are
excited by
different pas-
sions.

Whether plea-
surable or
painful, and
according to
the respective
kinds of plea-
sure and pain.

drinks, are to the body. Employed occasionally, and in moderation, both may be of use to us, and are given to us by nature for this purpose : but, when urged to excess, they throw the system off its healthy balance, rouse it by excitement, or depress it by exhaustion ; and weaken the sensorial vessels, by the wear and tear they produce.

As those we are now contemplating are attended with increased action, they have some few symptoms in common, how widely soever they may differ in others ; of which the chief are, an augmented temperature and an accelerated pulse. If carried to such a degree that the judgment loses its power, or, in other words, the man has no longer any command over himself, they betray themselves by their effect on particular features and particular organs, according as the emotion is of a painful or a pleasurable character, or as the pain or the pleasure predominates in those cases which partake of both.

There are some organs, however, that seem to be equally affected under a vehement excitement of whatever may be the prevailing passion, as the brain, the heart, and the lungs ; for headach and apoplexy, palpitation and anhelation, are alike common to sudden fits of extreme joy, terror, and rage. The thoracic effects are, indeed, the most striking ; and hence it is that the præcordia have been more generally supposed in all ages and countries to be the seat of mental emotion than the encephalon ; and the state of the heart as light and jumping for joy, oppressed and breaking with grief, or black and bilious with hatred, has been more commonly appealed to, than that of the animal spirits ; though the latter is the cause, and the former the mere effect.

It may be thought, perhaps, that the vulgar character of the heart, as indicative of hatred or revenge, is merely figurative, and has no foundation in nature. But this is not the case : for anger, when long indulged, is well known to affect the functions of the liver, and has often laid a foundation for jaundice, and consequently for a deeper colour as well as other properties of the blood that circulates through the heart : a fact so well known, that the seat of anger has, in the poetical language of most countries, been transferred to this organ, and bilious or choleric and irascible are convertible terms in the popular language of our own day.

We have endeavoured to account for the difference of effect produced by the sensorial fluid in the different organs of local sensation, by supposing some degree of change to take place in the nature of this fluid by the action of the respective sentient nerves at their origin or extremity.* It is possible, that other changes may take place in the sensorium, from the influence of peculiar mental impressions, and that certain classes or ramifications of nerves may be more affected by particular impressions, than others. And we may hence account, not only for the sympathy of the liver with the sensorium, when urged by anger, but for that of

* This and other hypotheses, founded on the presumed existence of a sensorial fluid, may satisfy readers disposed to be content or pleased with conjecture ; but until the reality of such fluid be proved, they can only be regarded as sports of the imagination. It is fortunate, however, that the occasional reference made to them in the text does not impair the generally valuable character of the author's matter. — E.

other organs, under other impassioned excitements; and this not merely whether pleasurable or painful, but according to the peculiarity of the pleasure, or the pain, which forms the source of incitation. Thus, while anger stimulates the liver, fear has a tendency to produce a diarrhœa and incontinence of urine; grief disorders the stomach, and affects the lachrymal glands; sudden fright divests the muscles of locomotion, and produces palsy; while mirth throws them into involuntary action, and compels a man to leap, laugh, and sing.

This, however, is to digress; for our present business is to contemplate the mental, rather than the corporeal, effects of the passions, when urged to excess, or intemperately protracted.

The instances of derangement, produced by a sudden FIT or IM-MODERATE FLOW OF JOY, are numerous, and not difficult to account for. As this impassioned emotion, when indulged with a rampant domination over the judgment, is a direct stimulus of a very powerful kind, acting not only on the nerves but on every part of the body, it cannot take place without producing great sensorial exhaustion, and consequently cannot be persevered in without remissions of languor and lassitude, like the effects of intoxication from strong wine or spirits. The misfortune is, that when the elevating faculties of the mind, and especially the imagination, are once let loose, by the operation of this passion, and both run wild together, the mental excitement will sometimes continue after the strength of the body is completely prostrated. And when this strength is sufficiently recruited for the external senses to convey once more to the perception true and lively impressions of the objects that surround them, the perception, which has been also morbidly affected by the violence of impassioned paroxysms, will not receive or convey them in a true state, and a permanent derangement is the consequence. Cardan * gives the case of an artisan of Milan, who, having had the good luck to find an instrument that formerly belonged to Archimedes, ran mad with the fit of transport into which he was hereby thrown: and Plutarch, in his life of Artaxerxes, has a like story of a soldier, who, having had the high honour of wounding Cyrus in battle, became so overjoyed that he lost his wits from the moment. Boerhaave † and Van Swieten ‡ relate cases of epilepsy that followed from the same cause.

Occasionally the exhaustion of sensorial power, hereby produced, is so sudden and total, that the whole nervous system seems instantaneously to become discharged of its contents, like a Leyden phial loaded with electricity when touched with a brass rod, and death takes place at the moment. There are various instances on record, in which a like fate has followed upon the injudicious production of a pardon to a culprit just on the point of his being turned off at the gallows. Valerius Maximus relates two anecdotes of matrons who, in like manner, died of joy on seeing their sons return safe from the battle at the lake Thrasis: the one died while embracing her son; the other had been misinformed, and was at that moment lamenting his death. The power of surprise was added, therefore, in this case to that of joy, and she fell even before her arms could clasp him. § Marcellus Donatus,

GEN. II.
SPEC. I.
Empathema
entonicum.
Exemplified.

α E. entonicum
Lætitia.

Its stimulant
effects.

Succeeded by
great corporeal
exhaustion,
sometimes
while the men-
tal excitement
prevails.

Whence a per-
manent inac-
cordance with
impressions
from external
objects.
Exemplified.

Exhaustion
sometimes so
sudden and
total as to pro-
duce death.

Exemplified.

* De Sapientiâ, lib. ii.

† De Morb. Nerv., lib. ix. cap. 12.

‡ Comment., tom. iii. p. 144.

§ Lib. ix. cap. 12.

GEN. II.

SPEC. I.

α E. entonicum
Lætitia.

Further illustration.

Pechlin, and other collectors of medical curiosities, are full of incidents of this kind: and a case not very unlike occurred a few years since to the present author, in the person of an intimate friend and most exemplary clergyman. This gentleman, who had consented to be nominated one of the executors in the will of an elderly person of considerable property with whom he was acquainted, received, a few years afterwards, and at a time when his own income was but limited, the unexpected news that the testator was dead, and had left him sole executor, together with the whole of his property, amounting to three thousand pounds a year in landed estates. He arrived in London in great agitation; and, on entering his own door, dropped down in a fit of apoplexy, from which he never entirely recovered; for though he regained his mental, and most of his corporeal faculties, his mind was shaken and rendered timid, and a hemiplegia had so weakened his right side that he was incapable of walking farther than a few steps.

This emotion highly useful, if it could be meted out, and employed as a medicine;

Has been productive of wonderful cures.

Exemplified.

β E. entonicum
Philautia.

Description.

Could this passion be employed as a medicine, and administered with a due regard to time and measure, from its powerful influence on the whole system, there can be no doubt that it might be made productive of the most beneficial effects. And there is hence no reason for hesitation in admitting many of the wonderful cures, which are reported to have been occasionally operated by its sudden incursion. Corineus gives the case of a tertian ague thus removed; Lory that of a stricture of the pylorus with incessant vomiting*; and Trellian, what we should less have expected, a radical cure of melancholy.†

In the SECOND VARIETY we have noticed the predominance of SELF-CONCEIT. The ordinary feeling here is still of a pleasurable kind, but never amounts to the paroxysms of the preceding; its effects, therefore, on the soundness of the mind are more gradual, but in many instances quite as marked. It is a vain and preposterous estimation of one's personal powers or endowments, accompanied with so immoderate a love of one's own self on this very account, as to make the possessor blind to every instance of superiority in another person, and hence to save him in a considerable degree from the pain he would otherwise endure; for the self-conceited man is not easily mortified or humiliated, and hence not easily cured of the malady. "A wise man," says Mr. Mason in his Treatise on Self-Knowledge, "has his foible as well as a fool: but the difference between them is, that the foibles of the one are known to himself, and concealed from the world; the foibles of the other are known to the world, and concealed from himself. The wise man sees those frailties in himself which others cannot: but the fool is blind to those blemishes in his character which are conspicuous to every one else."‡ It was under the influence of this disease that Meneerates, as we learn from Ælian, became so mad as seriously to believe himself the son of Jupiter, and to request of Philip of Macedon that he might be treated as a god. But it is not always that the man, thus deranged, falls into such good hands as those of the Macedonian monarch; for Philip, humorously determining to make the madman's disease work its

* De Melancholiâ, tom. i. p. 37.

† Part 1. ch. vii.

‡ Lib. xli. p. 17.

own cure, gave orders immediately that his request should be complied with, and invited him to a grand entertainment, at which was a separate table for the new divinity, served with the most costly perfumes and incense, but with nothing else. Menecrates was at first highly delighted, and received the worship that was paid to him with the greatest complacency, but growing hungry by degrees over the empty viands that were offered him, while every other guest was indulged with substantial dainties, he at length keenly felt himself to be a man, and stole away from the court in his right senses.*

The passion of PRIDE has a close affinity to that of self-conceit : but is less confined to self-endowments, and is a relative as the former is a personal vanity. The proud man may indeed have the same preposterous estimation for some supposed gift of person, but the grasp of the passion does not terminate here ; for he carries the same estimation to every thing that in the remotest degree appertains to him, and is hence as vain of his birth, or family connections, his wealth, his estates, his country, his office, his honour, or his religion ; and he is hence open to more numerous mortifications, and is in fact more frequently mortified, than the mere egotist. Examples of a deranged mind from ungovernable pride are to be found in every rank of life ; but as those in the loftiest have the cup of intoxication most frequently offered to them, and drink deepest of its contents, it is here, among kings, and courtiers, and prime ministers, and commanders, that we are to look for the most striking instances of this malady. Many a crown won by good fortune, and which might have been preserved by moderation, has been lost by the delirium of pride and vain-glory ; of which the history of Demetrius of Macedonia furnishes us with one of the most memorable examples : who, in his disgraceful fall, was obliged to abandon, among the other idols of his heart, the unfinished robe which was to have hung over his shoulders, containing a magnificent embroidery of the sun, the moon, and all the stars of heaven, designed to have represented him as the sovereign lord of the whole.

There is, however, another kind of madmen, to adopt the words of Burton†, opposite to these, “ that are insensibly mad, and know nothing of it ; such as affect to condemn all praise and glory, and think themselves most free when they are most mad : a company of cynics, such as monks, hermits, and anchorites, that condemn the world, condemn themselves, condemn all titles, honours, offices, and yet, in that contempt, are more proud than any man living. They are proud in humility, proud in that they are not proud. They go in sheep’s russet, many great men that might maintain themselves in cloth of gold, and seem to be dejected ; humble by the outward carriage, when as inwardly they are swollen full of pride, arrogancy, and self-conceit. And therefore Seneca adviseth his friend Lucilius, in his attire and gesture, his outward actions especially, to avoid all such things as are most notable in themselves ; as a ragged attire, hirsute head, horrid beard, contempt of money, coarse lodging, and whatever leads to fame that opposite way.”‡

GEN. II.

SPEC. I.

β E. entonicum
Philautiæ.γ E. entonicum
Superbiæ.

Description.

Why subject to
more numerous
mortifications
than self-con-
ceit.Where princi-
pally to be
found.

Exemplified.

Pride of
humility, what?

Exemplified.

Prudential ad-
vice of Seneca.

* Lib. xii. cap. 51.

† Anat. of Melanch., part 1. sect. ii. vol. i. p. 189.

‡ Epist. v.

GEN. II.

SPEC. I.

δ E. entonicum
Gloriæ famis.

Description.

Why more
dangerous to
the understand-
ing than either
of the preced-
ing.

Cases so com-
mon as to ren-
der examples
unnecessary.

Still more dan-
gerous in dis-
appointment,
and productive
of despondency.

ε E. entonicum
Iracundiæ.

More mischiev-
ous in their
result than the
pleasurable
emotions.

Violent and
extensive corpo-
real effects.

Exemplified.

ζ E. entonicum
Zelotypiæ.

Description.

When the passion of pride is united with that of ardent desire after something beyond us, and above us, it constitutes the next feeling, of AMBITION: and hence this also is an inflating emotion, a tympany of the mind, and may be called *prospective* vanity, as pride is *relative* vanity, and self-conceit *personal*. It is the more dangerous to the understanding, in consequence of the double force with which it overpowers the judgment: and hence the slave of inordinate ambition is far more restless, and in a far higher degree of excitement, than the slave of either of the other two kinds of vanity; and, as being dependent upon a greater number of contingencies, he is most of all open to reverses and downfalls.

Examples are not necessary, and would be a waste of time. Whenever the stimulant ideas or thoughts that are connected with any one of this train of passions pass over the mind, the blood, as is justly observed by Sir A. Crichton, rushes with impetuosity to the head, the sentient principle is formed in preternatural quantity, and the excitement is at last so often renewed, and increases to such a degree, as to occasion an impetuous and permanent delirium. But when the expectations and high desires, which pride or vanity naturally suggests, are blasted; when these passions are assailed by poverty, neglect, contempt, and hatred, and are unequal to the contest, they now and then terminate in despondency, or settled melancholy.*

But if such be a frequent effect of the stirring passions of a pleasurable kind; it is not difficult to conceive, that those accompanied with pain, as the passion of ANGER, and all its compounds, suspicion, revenge, and especially jealousy, must make a much wider inroad upon the domain of a well-ordered mind, and introduce confusion and derangement. Nor is the effect confined to the head; for a stimulus thus violent affects the entire system, and, as we have already observed, has a peculiar sympathetic influence on the liver; producing in many instances a diseased secretion of bile, and altering it in a very short period, not only in its quantity but in its quality. At the same time, every vessel is exhausted of its irritability, and the whole strength is so prostrated, as occasionally to lead on to obstinate faintings, convulsions, and death. The expressions and gestures are always violent and offensive, and are similar to those of maniacal rage; the eyes are red and inflamed, the countenance is flushed, swollen, and distorted, and the person is ungovernable. Such was the case, in 1392, with Charles VI. of France; who, being violently incensed against the Duke of Bretagne, and burning with a spirit of malice and revenge, could neither eat, drink, nor sleep for many days together, and at length became furiously mad as he was riding on horseback, drawing his sword, and striking promiscuously every one who approached him. The disease fixed upon his intellect, and accompanied him to his death.

In JEALOUSY, as in ambition, there is a combination of irritating passions, and the combination is still more complicated; for it is a compound of suspicion, hatred, eager desire of revenge, occasionally intermixed with love. To hot climates it appears to be endemic; and there is not, perhaps, an Eastern dynasty that does not offer

* Of Mental Derangement, book III. ch. II.

numerous examples of its sanguinary phrensy and diabolical career.

It is not often, however, that any of the varieties of this species terminate in permanent insanity, although the case of Charles VI. of France forms an exception to the general rule. As moral treatment appears to be of more benefit in the preceding genus than medical, it is almost the only treatment that can be recommended in ungovernable passion; though the violence of the excitement should unquestionably be reduced by venesection and purgatives. After this, time and perfect quiet must be chiefly depended upon: yet judicious conversation, and more especially a judicious choice of subjects, may accomplish much. A deaf ear is generally turned to the precepts of the moralist; but if attention can be obtained for them, Epictetus and Mason's Self-Knowledge, Pascal's Thoughts, and Lord Bacon's Essays, will furnish valuable remedies; and so also, and of a much more powerful operation, will the still better penned ethics of a book, which, in every Christian country, should be uppermost in the mind without any suggestion. Moral castigation, however, if not too sudden or severe, is that which generally works most effectually; and few madmen of this kind have been able to meet a serious reverse of fortune, or condition of life, without being the better for it, if not destroyed by its first shock. Self-conceit, which is a mere product of self-ignorance, is best removed by an acquaintance with the world, and especially with men of real talents and genius, in which sphere the man who labours under it will soonest learn his own emptiness, and the means of remedying this defect. And hence the advantage of a public education over a private one; in which talents are brought into a fair competition with talents, and every one learns to appreciate his powers, not by the standard of his own vanity, but by the stamp of merit that has passed the mint.

GEN. II.
SPEC. I.
E. entonicum
Zelotypiæ.
Remedial
means.
Principally
moral disci-
pline:

and especially
a reverse of
condition in
fortune.

SPECIES II.

EMPATHEMA ATONICUM.

IMPASSIONED DEPRESSION.

THE PREDOMINANT PASSION ACCOMPANIED WITH DIMINISHED EXCITEMENT, ANXIETY, AND LOVE OF SOLITUDE: EYE FIXED AND PENSIVE; COUNTENANCE PALE AND FURROWED.

THE mental emotions, productive of these effects, are at least as numerous as those which harass the frame by increased excitement. The following may serve as examples: —

GEN. II.
SPEC. II.

- | | |
|------------------|--------------------|
| α Desiderii. | Ungovernable Love. |
| β Auri famis. | _____ Avarice. |
| γ Anxietudinis. | _____ Anxiety. |
| δ Mœroris. | _____ Heartach. |
| ε Desperationis. | _____ Despondency. |

GEN. II.

SPEC. II.

All these emotions excite some corporeal symptoms in common.

As increased sensorial excitement produces various symptoms in common, whatever be the nature of the governing passion at the time, there are also various symptoms common to decreased sensorial excitement under each of these depressing passions: as a greater or less degree of torpor in every irritable part, especially in the circulating and absorbent systems; whence paleness of the countenance, coldness of the extremities, a contraction and shrinking of the skin and general surface of the body, a retardation and smallness of the pulse, want of appetite, deficiency of muscular force, and a sense of languor which overspreads the whole frame.

α E. atonicum
Desiderii.

Its direction
various:

and its operation in all
periods of life:

producing
home-sickness:
country-
sickness; and
love-sickness.

The last most
frequent and
most severe.

Present emotion of love
totally distinct
from gross
concupiscence:

though inter-
woven with a
pure corporeal
orgasm.

Origin of the
emotion of no
importance:

The ardent desire, which is distinguished by the name of LONGING, is directed towards objects of various kinds that are absent, and equally relate to places and persons. It is a painful and exhausting emotion, as compounded of hope, love, and fear, and peculiarly agitates the præcordia; and hence the striking and beautiful apophthegm of the wise man, — “Hope deferred maketh the heart sick.” It is felt by children at a distance from home, and who are eager to return to the embraces of their parents; by foreigners who have a strong and inextinguishable love for their country, and are anxious to return to the scenes and the companions of former times; and by the youthful pair who have vowed an eternal attachment, and are sure that they cannot live without each other, but whose union is opposed by bars that are felt to be insurmountable. And hence the present variety includes the three modifications of HOME-SICKNESS, COUNTRY-SICKNESS, and LOVE-SICKNESS. The first is for the most part transitory; the second, the *heimweh* of the Germans, has sometimes, and especially among the Swiss, when their manners were simpler, and their domestic virtues and feelings much stronger, than they seem to have been of late years, produced not only a permanent melancholy but hectic fever. Yet it is to the third that our attention is chiefly called on the present occasion, from the greater frequency of its occurrence, and the more severe and tragic effects to which it has led, where obstacles have arisen in its progress.

We have, on the present occasion, nothing whatever to do with the gross passion of concupiscence, which is as different from that of pure and genuine love as light from darkness. The man of lust has indeed his love, but it is a love that centres in himself, and seeks alone his own gratification; while the passion we are now speaking of puts self completely out of the field, and would voluntarily submit to every pain, and sacrifice even life itself, in promoting the happiness of the beloved object. Yet, constituted as we are by nature for the wisest and best of purposes, a pure corporeal orgasm still interweaves itself with the sentimental desire, though subordinate to it in virtuous minds, and the flame is fed from a double source. “Nuptial love,” says Lord Bacon, “maketh mankind; friendly love perfecteth it; but wanton love corrupteth and embaseth it.”*

What it is that first lights up this flame is of no importance to the present subject. A peculiar cast of form or of features, acknowledged by all to be moulded according to the finest laws of symmetry, and productive of a high degree of external grace or

* Essays, No. x.

beauty ; or a figure, or a manner, that to the eye of the enamoured beholder gives token of a mind adorned with all he can wish for ; or an actual knowledge, from long acquaintance, of the existence of such internal cultivation and excellence, may be equally causes of the same common effect. And hence this is of little or no account ; for the passion being once excited, the judgment runs a risk of being overpowered by its warmth and violence ; and the moment it is overpowered, the new train of ideas that are let loose upon the mind are of a romantic character ; and as soon as any obstacle starts up as a barrier in the vista of hope, instead of being damped or repressed, they grow wilder and more vivid, till at length the sensorial system is worn out by the vehemence of its labour ; and though the excitement is really less than at first, because there is less vascular vigour for its support, it is still greater than ever, compared with the weakened state of the sentient organ.

Yet love-sickness itself, whatever mischief it may work in the corporeal frame by sleepless nights, a feverish pulse, and loss of appetite*, and however, from the exalted state of the imagination and the increased sensibility of the body, it may transpose the reality of life into a kind of visionary existence, and so far produce mental derangement, rarely leads to direct insanity, so long as there is the remotest hope of the attainment of its object. But if hope be suddenly cut off by an inexorable refusal, the intervention of a more fortunate rival, the concealment of the object of adoration, or any other cause whatever, the mind is sometimes incapable of resisting the shock thus produced by the concurrent yet opposite powers of desire and despair ; and in a moment in which the judgment is completely overwhelmed, the love-sick maniac calls to his aid the demoniacal passion of revenge, and, almost at hazard, determines upon a plan of murder directed against his rival, his mistress, or himself. The story of Mr. Hackman and Miss Rae will at once, perhaps, occur to the recollection of most of the author's readers in proof of this assertion. He himself had some acquaintance with the former ; and is convinced, from what he knew of him, that nothing but a paroxysm of insanity could have urged him to so horrible an act.

The operation of the passion of *AVARICE*, when it has once obtained an ascendancy over the mind, is altogether of a different nature from that of the preceding variety, though it often produces a wider and more chronic alienation. It has not a stirring property of any kind belonging to it, but benumbs and chills every energy of the body as well as of the soul, like the stream of *Lethe*: even the imagination is rendered cold and stagnant, and the only passions, with which it forms a confederacy, are the miserable train of gloomy fear, suspicion, and anxiety. The body grows thin in the midst of wealth, the limbs totter though surrounded by cordials, and the man voluntarily starves himself in the granary of plenty, not from a want of appetite, but from a dread of giving way to it. The individual who is in such a state of mind must be estranged upon this point, how much soever he may be at home upon others. Yet these are cases that are daily occurring, and have been in all ages: though perhaps one of the most curious is that related by

GEN. II.

SPEC. II.

α E. atonicum desiderii.

for the judgment is equally overpowered, whatever the immediate cause of excitement.

The excited feelings give rise to romantic ideas of the imagination : by obstacles growing wilder and more visionary : whence the mind led astray and the body exhausted.

Though a febrile state follows, it rarely leads to insanity, while a hope of attaining the desired object remains.

But if in this state of excitement all hope be suddenly cut off, despair often follows, and sometimes suicide or other murder. Exemplified.

β E. atonicum auri famis.

The emotion altogether opposed to the preceding.

Description.

* Schurig. *Gynealog.*, p. 94. Horstius, *An Pulsus aliquis amatorius con-
cedendus?* Bilizer, *De Naturâ Amoris*, Gioss. 1611. 4to.

GEN. II.

SPEC. II.

β E. atonicum auri famis.

Singular example.

γ E. atonicum anxietatis.

Occasional causes.

Description.

δ E. atonicum mœroris.

Contrasted with querulous anxiety.

Valerius Maximus of a miser, who took advantage of a famine to sell a mouse for two hundred pence, and then famished himself with the money in his pocket.* And hence the madness of the covetous man has been a subject of sarcasm and ridicule by moralists and dramatic writers in every period, of which we have sufficient examples in the writings of Aristophanes, Lucian, and Molière.

There is another mental feeling of a very afflictive, and too often, like the last, of a chronic kind, which is frequently found to usurp a dominion over the judgment, and to embitter life with false and visionary ideas, and that is, a habit of ANXIETY or PREYING CARE; which not only drives the individual who possesses it mad, but runs the risk of doing the same to all who are about him, and are harassed with his complaints and discontents. This is sometimes the effect of a long succession of misfortunes or vexatious troubles; but seems in some persons to depend on a very high degree of nervous sensibility, united with a choleric or melancholic temperament.† Their age, wealth, or situation in life is of no importance; and though their digestive powers are good, and they are not hypochondriacs, they are always apprehensive and full of alarm, and flee from every appearance of joy as they would from an apparition, or even sooner. In the language of Burton, who knew too well how to describe them, "the old are full of aches in their bones, croups, and convulsions; dull of hearing, weak-sighted, hoary, wrinkled, harsh, so much so that they cannot know their own selves in a glass; a burthen to themselves and others. If they be sound, they fear diseases; if sick, weary of their lives. One complains of want, a second of servitude, another of a secret or incurable disease, of some deformity of body, of some loss, danger, death of friends, shipwreck, persecution, imprisonment, disgrace, repulse, contumely, calumny, abuse, injury, contempt, ingratitude, unkindness, scoffs, scouts, unfortunate marriage, single life, too many children, no children, false servants, unhappy children, barrenness, banishment, oppression, frustrate hopes, ill success;

Cætera de genere hoc, adeo sunt multa, loquacem,
Delassare valent Fabium.

"In the mean time," continues the younger Democritus, "thus much I may say of them, that generally they crucify the soul of man, attenuate our bodies, dry them, wither them, rivel them up, like old apples, and make them as so many anatomies."‡

Nothing can be more different than this constitutional pining, and the pains produced by HEARTACH, or the reality of severe grief. The former is talkative and querulous; the latter is dumb, and flies from company. The sensorial exhaustion is so considerable, that the mind, with its attention upon the full stretch, has scarcely strength enough to collect the train of ideas on which

* Lib. vii. cap. vi.

† One position maintained by one of the latest writers on mental derangement is, that mere nervousness and insanity are absolutely identical; or, in other terms, that nervous derangements differ "in measure more than in kind." Dr. Uwins on the Disorders of the Brain and Nervous System, pp. 5. 24, &c. 8vo. Lond. 1833. — ED.

‡ Anat. of Melancholy, part I. sect. II. subs. x.

alone it resolves to dwell; and hence all conversation is irksome, the presence of a friend disquieting, and the deepest solitude is anxiously sought for. And not unfrequently the discharge of nervous power is so considerable and sudden as to produce a general torpor of the brain; which, if it do not happily terminate in quiet sleep, is the inlet of apoplexy. Even in the former case, the inirritability of the nervous fibres continues to such an excess, that the sufferer has no natural evacuation for perhaps several days, feels no hunger, cannot be persuaded to take food, is incapable of sighing, and sheds no tears. And hence the appearance of tears and sighing are good omens, and are correctly regarded as such; since they show, that the general torpidity is giving way in the organs, that most associate with this painful emotion of the mind, to a slight return to irritability. As soon as the flow of the sensorial principle is a little increased, the præcordia struggle with great anxiety, and the heart is overloaded and feels ready to break or burst, whence the name of *HEARTACH*, so appropriately applied to this variety of suffering. Sometimes, also, hysteric flatulency oppresses the respiration, and convulsions, and, not unfrequently, death itself ensue. Of this last effect Erndtl has given numerous instances.* But if recovery should take place, it is usually long before the judgment re-assumes its proper sway in the mind, and the temporary derangement altogether ceases. At times, indeed, this never returns, and the pitiable sufferer only lives through the shock to endure the severer evil of confirmed insanity; of which Shakspeare has given us an admirable copy in the character of King Lear, finely imagined to be a result of filial ingratitude.

DESPAIR makes a near approach to heartach in the overwhelming agony it produces, and its pressing desire of gloom and solitude, but, generally speaking, the feeling is more selfish, and the mind more hurried and daring. Despair, as it commonly shows itself, is utter hopelessness from mortified pride, blasted expectations, or a sense of personal ruin: heartach is either hopelessness from a sense of some social bereavement, or relative ruin. The gamester, who cares for no one but himself, may rage with all the horror of despair; but the heartach belongs chiefly to the man of a warmer and more generous bosom, stung to the quick by a wound he least expected, or borne down, not by the loss of fortune, but of a dear friend or relative, in whom he had concentrated all his hopes. The well-known picture of Beverley is drawn by the hand of a master, and he is represented as maddened by the thought of the deep distress into which his last hazard had plunged his wife and family; but if his selfish love of gaming had not triumphed over his relative love for those he had thus ruined, he would not have been involved in any such reverse. While Beverley was in despair, it was his wife who was broken-hearted.

The sources of this most agonising emotion are innumerable, and, from the total shipwreck of all hope on which it is founded, there is no passion of the mind that drives a man so readily to an act of suicide. To live is horror: the infuriated sufferer feels himself an outcast from God and man; and though his judgment may

GEN. II.

SPEC. II.

δ E. atonicum
mœroris.

Description.

Sometimes
leads to apo-
plexy, and how:
often to other
corporeal evils.Tears and
sighs a good
omen, and why.Yet sometimes
convulsions
ensue and
death itself.In case of re-
covery the
mind is long
before it re-
sumes its
balance: and
sometimes
never.Finely exem-
plified in King
Lear.ε E. atonicum
desperationis.Despair how
distinguished
from the pre-
ceding.

Illustrated.

Causes in-
numerable.Suicide a fre-
quent result.

* Relatio de Morbis anno 1720 Warsaviæ curatis. Dresd. 1730.

GEN. II.
SPEC. II.
E. atonicum
desperationis.

Guilty con-
science,

its effects in
driving a cul-
prit to a sur-
render of him-
self to justice.
The feeling
sometimes from
imaginary
causes: or
false ideas ex-
cited by itiner-
ant preachers.

Common in
great public
calamities, and
peculiarly in a
relaxing at-
mosphere.

Fall of the
Roman empire.
Revolution of
France.

Remedial
treatment.

still be correct upon other subjects, it is completely overpowered upon that of his actual distress, and all he thinks of and aims at is to withdraw with as much speed as possible from the present state of torture, totally regardless of the future, or falsely satisfying himself, by a perversion of his judgment, that there is no crime in his doing so.

One of the severest causes of despondency is a conscience labouring under a deep sense of guilt for some

—undivulged crime
Unwhipt of justice;

and so severe has the anguish been in many cases, that the tormented wretch, thus haunted by himself, and hating the light of heaven, has been compelled, as the less evil of the two, to surrender himself to the laws of his country, and court the disgrace of a public execution. Yet the same miserable feeling has sometimes followed from an ideal cause, especially in a mind of natural timidity, or constitutionally predisposed to a gloomy view of nature: for such, by a mere exercise of their own meditations, but far oftener by the coarse but impassioned oratory of itinerant preachers, are induced to believe that the Almighty has shut them out for ever from the pale of mercy, and that the bottomless pit is yawning to receive them; and, under the influence of such an impression, they too frequently work themselves up into a state of permanent insanity, or hurry themselves by their own hands into the horrors of a fate from which they feel assured, that no repentance nor power of religion can save them.

In the midst of great public calamities, the passion of ungovernable despondency is apt to become epidemic, and particularly, as M. Falret has well observed, where the constitution of the atmosphere, from being moist and hot, and consequently relaxing and debilitating, favours its spread. In 1806 the feeling of desperation was so common at Paris, that sixty suicides occurred during the months of June and July; at Copenhagen, in the course of the same entire year, three hundred; and in 1793 about thirteen hundred at Versailles alone.* The sensation, however, whether general or individual, is most acute where there is little corporeal exertion, and consequently where there is time to cultivate and brood over it. Hence suicide is frequent in the distress of sieges, in the first alarm of civil commotions, or when they have subsided into a state of calmness, and the mischiefs they have induced are well pondered; but it seldom takes place in the activity of a campaign, whatever may be the fatigue, the privations, or the sufferings endured. On the fall of the Roman empire, and throughout the revolution of France, self-destruction was so common at home, as at last to excite but little attention; it does not appear, however, to have stained the retreat of the Ten Thousand under Xenophon, and, according to M. Falret, was rare in the French army during its flight from Moscow.

In all these varieties of empathema, the art of the physician can do but little; and, in many of them, nothing whatever. Yet, where the heart suffers acutely, and the mind is deeply dejected, sedatives and antispasmodic cordials may occasionally be found

* Falret, de l'Hypochondrie et du Suicide. 8vo. Paris, 1822.

useful; and, as the abdominal viscera are greatly liable to be affected, the appetite to fail, the liver to be congested, and the bowels rendered costive, these organs must be watched, and such relief be afforded as they may stand in need of. Where aperients are required, the warm and bitter resins will generally answer the purpose best, alone or combined with rhubarb. Where love is the cause of disease, and the fair patient is young and delicate, suppressed menstruation or even chlorosis is by no means unfrequent, followed by hysteria and other nervous affections that produce considerable trouble.

In all cases of mental dejection, however, a kind and judicious friend is by far the best physician. Medicines may do a little, change of scene and country, of custom and manners, a little also; but the soothing of tenderness and indulgence, and the voice of that friendship which knows how to discriminate opportunities, and seasonably to alternate admonition with consolation, will accomplish more in the way of cure than all the rest put together. The despondency produced by the real sense of a guilty conscience, or the visionary belief of eternal reprobation, may derive important and most salutary advantage from religious instruction, when conducted with a judicious attention to the exigency of the case. But much circumspection and adroitness are requisite upon this point; for, so rooted is the feeling to be extirpated, that no ordinary means will suffice for its eradication, while, if it be forcibly snapped off, it will shoot out the wider, and grow ranker than ever.

The excitement of an opposite passion, or train of feelings, has sometimes been accompanied with success; for there are instances in which the slave of imaginary pain and misery has for ever forgotten his sense of visionary grievances under the stroke of poignant and real affliction; and the miser, when reduced by a sudden reverse of fortune to actual beggary, and thus completely disencumbered of the load that has hitherto so much oppressed him, has returned to his sober senses, and learned a juster estimate of worldly possessions.

The same attempt has often been recommended in disappointments under the passion of love; and, according to the concurrent report of the poets of ancient and modern times, many of whom profess to be well versed in this kind of discipline, it has very generally been attended with success. Where the emotion has more of a corporeal than a sentimental origin, this may easily be conceived; and it is possible that it may also sometimes have occurred under a purer feeling, though, for the honour of the human heart, I do not think this is much to be trusted to. Where the choice between two young persons of fair character is really imprudent, yet the affections are so riveted as to bid defiance to all forcible attempts to unfetter them, a promise of consent on the part of the reluctant parent at the distance of a given period of time, as a year and a half, or two years, with an undertaking on the part of the lovers neither to see nor correspond with each other in the mean time, an engagement easily fallen into, has answered in many instances to which I have been privy. The ardour has gradually cooled on the one side or the other; the judgment has been more impressed with the nature of the imprudence; or a more attractive form has interposed, and irretrievably settled the question.

GEN. II.

SPEC. II.

Empathema
atonicum.

Medicine not of
much avail:
but may some-
times be em-
ployed advan-
tageously.

Moral re-
sources.

Excitement of
opposite pas-
sions and sud-
den reverses
have sometimes
succeeded:
especially un-
der avarice and
visionary
grievances.

How far suc-
cessful in hope-
less love.

Contingent
assent has an-
swered better.

GEN. II.
SPEC. II.
Empathema
atonicum.

While, on the contrary, if the fidelity should hold on both sides to the end, and the passion be heightened instead of depressed, as in this case there is most reason to suppose it would be, hard, indeed, must be the heart that would extend the restriction further, and that would not wish joy to so deserving a couple.

SPECIES III.

EMPATHEMA INANE.

HARE-BRAINED PASSION.

WAYWARD AND UNMEANING PASSION, URGING TO INDISCRIMINATE ACTS OF VIOLENCE: AIR HURRIED AND TUMULTUOUS; COUNTERTENANCE FLUSHED; EYES GLARING AND PROMINENT.

GEN. II.
SPEC. III.
Synonym of
Pinel.

Common
origin.

Striking ex-
ample.

THIS is the *manie sans délire* of M. Pinel, a case of frequent occurrence, but incorrectly named in this manner; since, in the opinion of all other nosologists, and, perhaps, all other pathological writers, the character of delirium (that is, of diseased judgment, diseased perception, or both) is essential to mania.

M. Pinel ascribes this species principally, and with great force of reason, to a neglected or ill-directed education upon a mind naturally perverse or unruly, and gives the following striking example:—An only son of a weak and indulgent mother was encouraged in the gratification of every caprice and passion, of which an untutored and violent temper was susceptible. The impetuosity of his disposition increased with his years. At school he was always embroiled in disputes and quarrels; and, if a dog or a horse offended him, he instantly put it to death. This wayward youth, however, when unmoved by passions, possessed a perfectly sound judgment. When he came of age, he proved himself fully competent to the management of his family estate, as well as to the discharge of his relative duties, and even distinguished himself by acts of beneficence and compassion. But his deep-rooted propensity to quarrel still haunted him; and wounds, lawsuits, and pecuniary compensations were the general consequence. At last an act of notoriety put an end to his career of violence. Enraged at a woman who had used offensive language to him, he tumbled her into a well. A public prosecution followed, and, on the testimony of a great many witnesses, who deposed as to his furious deportment, he was condemned to perpetual confinement at the lunatic asylum of Bicêtre.

Further
illustrated.

On the commencement of the French revolution, when the mob broke open the doors of the prisons and the lunatic hospitals, to liberate all whom they thought unjustly confined and under restraint, a patient labouring under the present species in the Bicêtre asylum pleaded his own cause so rationally and pathetically, and so artfully accused the governor of the asylum of cruelty, that the armed rabble commanded him to be instantly liberated, and scarcely suffered the governor to escape with impunity. The patient, thus restored to freedom, was led about in triumph amidst

reiterated shouts of “Vive la République!” The sight of so many armed men, their loud and confused noise and tumultuous conduct, soon roused the visionary hero to a fresh paroxysm of fury. He seized, with a vigorous grasp, the sabre of his next neighbour, brandished it about with great violence, and wounded his liberators indiscriminately. Fortunately, he was soon mastered when the savage mob thought proper to lead him back to his cell, and with shame and reluctance acknowledged their own ignorance and misconduct.

GEN. II.
SPEC. III.
Empathema
inane.

The mode of treatment may be collected from the preceding pages. Remedial process.

GENUS III.

ALUSIA.

ILLUSION. HALLUCINATION.

THE JUDGMENT PERVERTED OR OVERPOWERED BY THE FORCE OF THE IMAGINATION; THE SPIRITS PERMANENTLY ELEVATED OR DEPRESSED; THE FEELINGS OF THE MIND DEPICTED IN THE COUNTENANCE.

ALUSIA is here derived from the Greek ἀλυσις, “aberratio,” from ἀλύω, “errabundā mente afficior,” — “inquietus aberro:” whence the Latin term *allucinatio* or *hallucinatio*. According to the rule which renders the Greek *υ* by the Latin *y*, the name of this genus ought rather perhaps to be *alysis*; but as the Latins have themselves retained the *υ* in *allucinatio*, it is here suffered to continue in *alusia*, making a similar exception to that already observed in *lues*. The Greek term is preferred to the Latin, as the name of the genus, for the sake of uniformity. Sauvages, and after him Sagar, have employed *hallucinatio* as the name of an order; Darwin and Crichton as that of a genus, and, consequently, running parallel with the genus before us. Wherever the genus exists, *hypochondrias* or *hyphochondriasis* is usually placed under it. It is so by Sauvages, Sagar, and Crichton: and it occupies the same place in Linnæus, who has merely adopted the term *imaginarii* instead of *hallucinationes*.

GEN. III.
Origin of
generic name.

Synonyms.

Alusia embraces the two following species: —

- | | |
|-----------------------|----------------------|
| 1. ALUSIA ELATIO. | SENTIMENTALISM. |
| | MENTAL EXTRAVAGANCE. |
| 2. ——— HYPOCHONDRIAS. | HYPOCHONDRISM. |
| | LOW SPIRITS. |

SPECIES I.

ALUSIA ELATIO.

SENTIMENTALISM. MENTAL EXTRAVAGANCE.

ROMANTIC IDEAS OF REAL LIFE; ARDENT AND EXALTED FANCY;
PLEASURABLE FEELINGS; FREQUENT PULSE; GREAT ACTIVITY;
EYE KEEN AND LIGHTED UP; COUNTENANCE CONFIDENT AND
ANIMATED.

GEN. III.

SPEC. I.

Species new to
nosology and
pathology.

Analogy to
ecphronia.

Relation of the
present species
to the ensuing.

THE merit or demerit of this species, named from the rhetoricians ELATIO, and with them importing "elevated, exalted, magnificent style or imagery," must, I fear, mainly rest with the author himself. It is, however, strictly derived from nature, and is intended to fill up what has hitherto been left as a vacant niche by the nosologists. Alusia, or hallucination, like ecphronia, or insanity, comprises a list of affections that are characterised by two opposite states of nervous action, entonic and atonic, or, in the language of Dr. Cullen, excitement and collapse: elatio is intended to include the former of these, as hypochondrias, the ensuing species, is the latter. They stand in the same relation to each other as elevated and dejected madness or melancholy. Both are united with a peculiar modification of the digestive function, but possessing opposite bearings; being in the former strikingly active and energetic, and in the latter strikingly sluggish and languid. Hence, under the first species, the patient is able to endure enormous fastings, and to support life upon the scantiest and least nutritive diet, either of which would be destructive under the second.

This species embraces the following varieties:—

α Heroica.	Chivalry. Romantic gallantry.
β Facetosa.	Crack-brained wit.
γ Ecstatica.	False inspiration.
δ Fanatica.	Fanaticism.

Description.

The age of the first of these varieties, that of CHIVALRY or ROMANTIC GALLANTRY, has nearly, if not altogether, departed. It may be regarded as a generous and high-spirited flight of the imagination, that gives a visionary colouring to the external world, and combines, without a due degree of discrimination, ideas of fact with those of fancy. Like many of the varieties of empathema or ungovernable passion, it may lead to or be combined with ecphronia or insanity.

Sentimental
novelists some-
times make an
approach to it.
Illustrated.

I have sometimes had to attend patients who, having spent the greater part of their days and nights over the most captivating novels of the present day, had acquired so much of this falsity of perception as to startle their friends around them, and to give evident proof, that they were of a mind occasionally deranged, though, when the attention could once be seriously engaged, capable of being brought down to the soberness of external objects and real life. These have commonly been ladies unmarried or

without a family, about the middle or a little beyond the middle of life, of a nervous temperament, fine taste and fancy, but whose education had been directed to subjects of superficial or external ornament, rather than of intrinsic excellence. Their manner has been peculiarly courteous, their conversation sprightly and figurative, and their hand ready to aid the distressed. But it has been obvious, that in all they were saying or doing they had some ideal character in their minds, whose supposed air, and language, and manners, they were copying; and the distressed were always most sure of relief, and of a relief often beyond the necessity of the case, whose story was combined with some perilous adventure, or sentimental catastrophe.

In former times, however, when the wild and daring spirit of romance formed the subject of popular study, and

The spinsters, and the knitters in the sun,
And the free maids that wove their threads with bones,
Were wont to chant it,

this bewildering triumph of the imagination over the judgment was far more common, and carried to a much higher pitch. The high-toned and marvellous stories of *La Morte d'Arthur*, *Guy of Warwick*, *Amadis of Gaul*, *The Seven Champions of Christendom*, and the *Mirror of Knighthood*; the splendid and agitating alternations of magicians, enchanted castles, dragons, and giants, redoubtable combatants, imprisoned damsels, melting minstrelsy, tilts and tournaments, and all the magnificent imagery of the same kind that so peculiarly distinguished the reign of Elizabeth, became a very frequent source of permanent hallucination. The historian of *Don Quixote* adhered strictly to the tenour of his times in representing the library of this most renowned knight as filled with romances of this description, and himself as being permanently crazed by an uninterrupted perusal of them. And that the same morbid effect was not confined to Spain, and was, indeed, common to our own country, we know from the severe but just invectives of Ascham against this class of writings, and his complaints of the disordered turn they had given to the public mind; and still more from the necessity Shakspeare felt himself under in making all his maniacal characters, whether really or but pretendedly so, deeply versed in the prose or poetical romances of the day, and throwing forth fragments of exquisite force or beauty in the midst of their wildest and most discordant ravings: *Lear*, *Edgar*, and the heart-broken *Ophelia* are in this respect alike gifted, and show to what sources their reading had been directed. Without an attention to these casual glances, it is impossible to understand the meaning of the sentiment, and its force or feeling is lost upon us, as in the following burst of *Ophelia*, which consists of a string of quotations, or allusions to picturesque customs:—

“ You must sing *Down a-down an you call him adown-a*. O, how the wheel becomes it! It is the false steward that stole his master's daughter.”

We have not space for the explanation, but it may be found in the commentators, or in the interesting and elaborate history of “*Shakspeare's Times*,” by my early and valued friend, Dr. Drake.

The SECOND VARIETY of the present species, that of CRACK-BRAINED WIT, is derived rather from the peculiar temperament of

GEN. III.

SPEC. I.

α A. elatio
heroica.

But far more common and characteristic in former times.

During the reign of Gothic or Norman romance.

Cervantes in his picture of *Don Quixote* true to the feeling of the times:

and hence the invective of Ascham.

Proved further from the reading justly allotted to many of Shakspeare's characters.

β A. elatio
facetosa.

GEN. III.

SPEC. I.

β A. elatio
facetosa.

Description.

Exemplified.

Ready wit not necessarily connected with a sound judgment; often widely distinct from it: and hence may exist in a deranged mind. On this account the court wit or jester denominated fool.

the individual, than from any particular habit or train of reading; for, in general, few persons have given themselves less time to read, study, or even think, than those who are possessed by it. It is characterised by high spirits, a sportive and rampant imagination, and a flow of facetious ebullient wit incapable of restraining itself. It is hence often poured forth on most improper occasions, and hesitates not to sacrifice a friend at the shrine of a jest.

There are some persons, who possess by nature so perpetual a tide of excitement, that their high spirits seem seldom or never to ebb, and so irresistible a propensity to this kind of verbal merri-ment, that no change of circumstances can deprive them of it. Sir Thomas More, who perhaps overflowed with this disposition in a very high degree, is well known to have been facetious on his own scaffold.

It is not always, however, nor, as we have just observed, even for the most part, that the man of ready wit is, like Sir Thomas More, a man of ready judgment, or sound learning. The apprehension, necessary to constitute the one, is widely different from that necessary to constitute the other, as we had occasion to remark under a former genus: and hence vivacious sallies, taunts, and repartees not only may co-exist with a deranged condition of mind, but are frequently a result of it. And on this account the court jester of former times, whose office succeeded to that of minstrel, was commonly denominated the king's fool, as uttering, from the unbridled liberty of speech that was allowed him, humorous flashes of rebuke, which no man in his sober senses would have ventured upon; and which seemed, to adopt the language of Jaques, who was himself not unjustly accused of wearing the same livery, to show that

———— in his brain,
Which is as dry as the remainder biscuit
After a voyage, he hath strange places cramm'd
With observation, the which he vents
In mangled forms.

γ A. elatio
ecstatica.

Description.

Has often been aped by cunning impostors.

How produced in other persons.

Illustrated.

The THIRD VARIETY, or ECSTATIC ILLUSION, is also a pleasurable hallucination; and consists in a sense of false inspiration, or a visionary boast of some preternatural endowment, in the course of which the judgment is so far perverted as to mistake the energetic notions of the imagination for realities; so that the victim of the delusion believes in apparitions, affects an intercourse with the world of spirits, or lays claim to a power of working miracles.

This morbid afflatus has often been aped by cunning impostors, to serve their own interests with the multitude: and there is no great difficulty in conceiving, that it is in many cases a real and serious hallucination, when we reflect on the ease with which such impostors themselves are capable of deluding the populace and working them up into false ecstasies, and especially of inveigling them into a hearty belief of their own miraculous powers. When the passions of men are once set afloat, and the subject presented to them is full of the marvellous and the terrible, they are too apt to confound the false with the real, and are prepared to proceed to whatever extremities the magician may choose to lead them. We are told by Lucian that when Archelaus, a celebrated Greek actor,

performed the part of Andromeda in the tragedy of Euripides, several of the spectators were seized with a delirium; some, at the time of performance, others, a day or two afterwards; during which they did nothing but declaim in a theatrical manner, and piteously lament the fate of the persecuted princess. Burton, therefore, has some reason for remarking, that what the impostors before us, or the brain-sick enthusiasts whom they imitate, once broach and set on foot, "be it never so absurd, false, and prodigious, the common people will follow and believe. It will run like murrain in cattle, scab in sheep. *Nulla scabies superstitione scabior*; as he that is bitten by a mad dog bites others, and all in the end become mad. Either out of affectation of novelty, simplicity, blind zeal, hope, and fear, the giddy-headed multitude will embrace it, and without farther examination approve it."*

The genuine enthusiast is always possessed of a warm imagination, and generally of a nervous temperament, and delicate frame; and a long series of elevated abstraction on religious subjects, combined with protracted fasting, has ordinarily been the harbinger of the fancied afflatus. Such was the discipline by which the lovely, and blooming, and sincerely devout Saint Teresa was prepared for ecstasies and visions, and led to impose upon herself and all that beheld her; and seriously to believe, in the fervour of her mind, that her body was lifted from the earth: and that she heard the voice of God, saw our Lord with St. Peter and St. Paul standing on her left hand; by the first of whom the cross, which was at the end of her beads, was miraculously transformed into four large gems, incomparably more precious than diamonds; with many other marvellous revelations, which we cannot find room to detail. Though it should be noticed, that devils appeared to her as well as blessed spirits, whom she always kept at a distance by sprinkling holy water; and that she was an eye-witness to the joyful escape from the flame of purgatory of the purified souls of father Peter of Alcantara, father Ivagnez, and a Carmelite friar.†

It is not necessary to produce other examples, though many might be brought from our own times. A cure is extremely difficult to be obtained; and I am afraid that even Mr. Locke's admirable chapter on Enthusiasm would be read to no purpose. In one instance, the enthusiast seems to have been brought home to himself by a pleasant and ingenious stratagem of his superintendent at Venice. This visionary had conceited himself to be Elias, and, like the prophet, had determined upon fasting forty days. The keeper, fearful that he would never hold out, and that he should lose his patient, dressed up a man in the attire of an angel, who was introduced to him in no ordinary manner, and informed him, that he was commissioned from Heaven to bring him food. The supposititious Elias took it, was afterwards allowed to find out the trick, and thus, at the same time, found out his own imposition upon himself.

From the influence which we have seen such enthusiasts, or even pretended enthusiasts, capable of producing upon the mind of the multitude, when roused by the solemnity and awfulness of

GEN. III.
SPEC. I.
γ A. elatio
ecstatica.

Temperament
and habit usually
necessary
to produce it.

Exemplified in
Saint Teresa.

Cure difficult.

Has been effected by
stratagem.

Example.

δ A. elatio
fanatica.

* Anatomy of Melancholy, part III. sect. iv. 1. 3.

† Butler's Lives of the Saints, in loco.

GEN. III.

SPEC. I.

δ A. elatio
fanatica.

Description.

the revelations that are supposed to be disclosed to them, we can easily see how FANATICISM, constituting the FOURTH VARIETY of the present species, may obtain an ascendancy, and even rage with all the ramifying power of an epidemic: consisting of religious flights of the imagination, predominant over the natural feelings as well as the judgment, excited by the calls or doctrines of those who affect to be preternaturally gifted, or who possess an equal influence over the mind by the high sanction of priesthood, profound learning, or any other respected authority: and often urging to a voluntary and inappropriate submission to severe privations, mortifications, and tortures; or to the torture and massacre of those who profess different creeds.

Chiefly a delirium of ignorant and barbarous times.

Truth or falsehood of the principles appealed to, of no importance in producing the effect.

Prophets of Baal.

Phrygian priests.

Indian Juggernaut.

Lamism.

Sufferings of the Waldenses.

St. Bartholomew's day.

Inquisition.

Philip II. of Spain.

Examples, as in the last variety, may be found in every age and religion, but chiefly in times of gross ignorance and barbarism; where the general mind has been too little informed to distinguish between truth and sophistry, and the passions have been undisciplined to restraint. It is hence of no importance what religion or superstition is to be inculcated; for those that are true and those that are false have been equally laid hold of by enthusiasts and impostors to produce the same end, and effect the same triumph by means and machinery that could only be furnished from the infernal regions. Hence the blood and raving of the prophets of Baal; the Curetes or Phrygian priests, and the delirious votaries of the Indian Juggernaut; the cruel and senseless penances and punishments sustained in many of the convents and nunneries of Lamism, and still more so in those of many catholic countries. Hence the terrible sufferings of the Waldenses, the furies of St. Bartholomew's day, the fires of Smithfield, and the dark and doleful cells, the whips, and wires, and pincers, and pulleys, and all the infernal paraphernalia of the Inquisition. Hence, in ancient times, the matrons of Canaan and of Carthage were instigated to throw their own children into the flames, and sacrifice them to the gloomy deity, whose anger it was held necessary to appease; and hence, in more modern days, Philip II. of Spain was goaded to impeach a son, of whom he was little worthy, before the Chamber of Inquisitors, to bespeak their condemnation of him, and to take effectual care that he should be poisoned, as soon as his sentence had been pronounced.

Cure to be obtained chiefly by general instruction and a diffusion of genuine knowledge.

The cure of these diseases belongs rather to colleges of general instruction, than of medicine. Individual cases of enthusiasm and fanaticism have existed, and will probably continue to exist, in all ages; but when the general mind is well informed, and the social feelings and virtues are duly estimated and widely cultivated, the wild-fire will burn in vain, and meet with little or no fuel to support its rage.

SPECIES II.

ALUSIA HYPOCHONDRIAS.

HYPOCHONDRISM. LOW SPIRITS.

GLOOMY IDEAS OF REAL LIFE; DEJECTED SPIRITS; ANXIETY;
DYSPEPSY; LANGUID PULSE; INDISPOSITION TO ACTIVITY; EYE
OBLIQUE AND SCOWLING; COUNTENANCE SAD AND SULLEN.

THE term HYPOCHONDRIAS is taken from the anatomical compound hypochondria, to which region the disease was formerly supposed to be altogether confined. Hypochondrias is here used instead of hypochondriasis, the common name, because, as already observed, on various occasions, *iasis* as a termination is limited, nearly with this single exception, to denote in the medical vocabulary a peculiar family of cutaneous diseases, as pityriasis, psoriasis, ichthyiasis, and many others. The author has felt the less difficulty in proposing this change, as hypochondriasis is of comparatively modern invention, and is not to be met with in the Greek or Latin writers, by whom the complaint is usually alluded to or described as a species of melancholy, or rather as a disease of the melancholic temperament.

It constitutes the third sort or species of this malady described by Galen, and which he regards as connected with a peculiar state of the stomach; though, from its mental symptoms, he does not incline to contemplate it, as Diocles, a contemporary physician of reputation, had done in his Book on Gastric Affections, as a simple disease of this organ. The controversy has been in different times continued to our own day; and it does not seem to be even yet universally settled whether hypochondrias should be regarded as a mental or a dyspeptic malady. M. Esquirol and M. de Villermay* contemplate it in the latter light; M. Georget† and M. Falret, though a pupil of M. Esquirol, refer it in every instance to the brain as its primary seat.‡ In Pinel the disease seems to be included under *aliénation mentale*, and its different varieties to be distributed, though without particular remark, amidst the five species into which he has divided that genus.

The present species bears so near a resemblance to several of the varieties of genuine melancholy as to be often distinguishable from them with great difficulty; and the more so as it is no uncommon thing for hypochondrias to terminate in melancholy, or for melancholy to be combined with hypochondrias.§ Both may be the result of a predisposing constitution, or may be primarily induced by accidental causes where no such constitution exists: and the predisposition and the accidental causes of the one may become those of the other: for the temperament known by the common name of melancholic, and characterised by a lean and dry corporeal texture, small and rigid muscles, a sallow skin, brownish-

GEN. III.

SPEC. II.

Explanation of
the specific
term.

How explained
by Galen in his
controversy
with Diocles.

The contro-
versy not yet
settled.

How arranged
by Pinel.

Close resem-
blance to some
varieties of
genuine melan-
choly; and
may originate
from like
causes.

* *Traité des Maladies Nerveuses*, &c.

† *Sur la Folie — Physiologie du Cerveau*.

‡ *De l'Hypochondrie et du Suicide*, &c. 8vo. Paris, 1822.

§ Falret, *de l'Hypochondrie*, &c. ut *suprà*, *passim*.

GEN. III.
SPEC. II.
Alusia hypo-
chondrias.

yellow complexion, little relieved by redness of any kind, deep-black and coarse hair, eyes sunk in hollow sockets, large prominent veins, especially in the hands and arms, with a tendency to solitude and private musing, is a common precursor of both. And, in like manner, a sedentary life of any kind, and especially severe study protracted to a late hour in the night, and rarely relieved by social intercourse, exercise, or nugatory amusements; a debauched and dissolute habit, or excesses in eating and drinking, may become causes of either of these maladies, from accessory circumstances that cannot be traced out even where the predisponent temperament does not seem to exist. But it is very justly observed by Sir A. Crichton, that, even in those "whose health is much deranged, true melancholy seldom arises, except mental causes of grief and distress join themselves to the corporeal ones: and this constitutes one of the characters which distinguish *melancholia vera* from hypochondriasis. The former may be said to be always excited by mental causes, and consists in various phenomena of grief, despondency, and despair; whereas the latter most commonly arises from corporeal causes, and its mental phenomena consist of erroneous ideas entertained about the patient's own make or body." *

Descriptive
character.

Ordinary cor-
poreal causes.

The corporeal causes are usually a diseased condition of one or more of the digestive organs, and especially, as we shall presently have to observe, a displacement of some part of the colon. It is also not unfrequently a result of the sudden cessation of some periodical or other habitual discharge, as that of an issue, or of a hemorrhoidal flux, a chronic ulcer, or some external eruption.

The melancholy man seldom lives long, and his disorder often commences in the meridian of life. He frequently terminates his days by violence, or, at the utmost, never attains old age. The hypochondriac seldom becomes affected till after the meridian of life, and very generally continues to the stage of longevity.

Diagnostics.

The common corporeal symptoms are, a troublesome flatulency in the stomach or bowels, acrid eructations, costiveness, a copious discharge of pale urine, spasmodic pains in the head and other parts of the body, giddiness, dimness of sight, palpitations, general sleeplessness, and an utter inability of fixing the attention upon any subject of importance, or engaging in any thing that demands vigour or courage. The mental feelings and peculiar trains of ideas that haunt the imagination and overwhelm the judgment exhibit an infinite diversity, and lay a foundation for the three following varieties:—

α Autalgia.

β Pertæsa.

γ Misanthropia.

Vapours.

Weariness of life.

Misanthropy. Splcen.

α A. hypo-
chondrias
autalgica.
Description.

In the FIRST VARIETY, which is commonly distinguished by the name of VAPOURS, or LOW SPIRITS, the patient is tormented with a visionary or exaggerated sense of pains or some concealed disease; a whimsical dislike of particular persons, places, or things; or groundless apprehensions of personal danger or poverty.

* Of Mental Derangement, vol. iii. p. 235.

Greding gives an account of a medical practitioner, who applied to him for assistance, under an impression that his stomach was filled with frogs, which had been successively spawning ever since he had bathed, when a boy, in a pool in which he had perceived a few tadpoles. He had spent his life in trying to expel this imaginary evil, and had travelled to numerous places to consult the first physicians of the day upon his obstinate malady. It was in vain to attempt convincing him that the gurglings or borborygmi he heard were from extricated and erratic wind. "He argued himself," says M. Greding, "into a great passion in my presence, and asked me if I did not hear the frogs croak."

I have under my care a hypochondriac of about fifty years of age, who affords a sufficient proof that Molière drew his *Malade Imaginaire* from nature, and hardly added an exaggerating touch. His profession is that of the law; his life has been uniformly regular, but far too sedentary and studious. Without having any one clearly-marked corporeal affection, he is constantly dreading every disease in the bills of mortality, and complaining, one after another, of every organ in his body; to each of which he points in succession as its seat: especially the head, the heart, and the testes. He now suspects he is going to have a cataract, and now frightens himself with an apprehension of an involuntary seminal emission. It is rarely that I have left him half an hour but I have a note to inform me of some symptom he had forgotten to mention, and I have often five or six of these in the course of the day. The last was to state that, shortly after my visit, he had a discharge of three drops of blood from the nose — a change which he thought of great importance, and requiring immediate attention. His imaginary symptoms, however, soon disappear, provided they are listened to with gravity and pretended to be prescribed for, but not otherwise. Yet, in disappearing, they merely yield to others that can only be surmounted in like manner. His head is too much confused to allow him to engage in any serious study, even if it were prudent to recommend it to him: but, on all common subjects, he is perfectly clear, and will converse with shrewdness and a considerable extent of knowledge. His bowels are sluggish; his appetite not good, though he eats sufficiently; his sleep is unquiet, but he has enough of it without opiates; his pulse is variable, sometimes hurrying on abruptly, and without any obvious cause, to a hundred strokes in a minute, but often very little quicker than in a state of health. His tongue varies equally, and is irregularly clean, milky, and brownish, and then suddenly clean again. He is irritable in his temper, though he labours to be calm; and is so rooted to his chamber, that it is difficult to drag him from it. He has now been ill about ten weeks, but it is during the winter, and the season is too severe and inclement for him to venture abroad. I look forward to his restoration in the spring from exercise, change of air, and a course of tonic medicines. I have not found him complain of *dysphagia globosa*, or that sense of suffocation from the feeling of a constricting ball in the throat which is so common to hysteric patients, and which, from its being often also traced in the present disease, has been called by Pechlin *suffocatio hypochondriaca**; but his spirits are in a state of almost perpetual depression.

GEN. III.
SPEC. II.
α A. hypochondriasis autalgica.
Exemplified.

Additional illustration.

* Lib. i. obs. 31.

GEN. III.

SPEC. II.

a A. hypochondrias autalgica.

An injudicious perusal of medical books a frequent cause.

Exemplified from Villermay.

J. J. Rousseau.

Fancies entertained by the patient often extravagantly ludicrous.

Marcellus Donatus.

Trincavellius.

Often induced by an excess of spirituous liquors.

Delirium tremens, what.

A superficial and injudicious perusal of medical books addressed to those who are not of the profession has been a frequent source of this affection. M. Villermay distinctly states as one of its causes among his own countrymen a "lecture habituelle de Buchan." Rousseau admitted that this was a powerful cause of hypochondrias in respect to himself. "Having read," says he, "a little on physiology, I set about studying anatomy, and, passing in review the number and varied actions of the parts which compose my frame, I expected twenty times a day to feel them going wrong. Far from being astonished at finding myself dying, my astonishment was that I could live at all. I did not read the description of any disease which I did not imagine myself to be affected with; and I am sure that, if I had not been ill, I must have become so from this fatal study. Finding in every complaint the symptoms of my own, I believed I had got them all, and thereby added another still more intolerable — the fancy of curing myself."

The whims that are sometimes seriously entertained under this variety of the disease are so truly ludicrous, that "to be grave exceeds all power of face." One thinks himself a giant, another a dwarf; one is as heavy as lead, another as light as a feather. Marcellus Donatus makes mention of a baker of Ferrara, who thought himself a lump of butter, and durst not sit in the sun nor come near the fire for fear of being melted. They are all extremely timid, and their fears are exercised upon trifles, or are altogether groundless. Some suspect their nearest and dearest friends of designing to poison them: others dare not be alone in the dark lest they should be attacked with ghosts or hobgoblins. They dare not go over a bridge or near a pool, rock, or steep hill, lest they should be tempted to hang, drown, or precipitate themselves: and, if they come to a place where a robbery or a murder has been committed, they instantly fear they are suspected. Trincavellius had a patient that for three years together could not be persuaded but that he had killed a man, and at length sunk into a confirmed melancholy, and made away with himself for fear of the gallows.*

It is a melancholy reflection that the wisest and best of mankind are as open to this affliction as the weakest, and, perhaps, more so. Pascal himself was at one time so hallucinated with hypochondrism as to believe that he was always on the verge of an abyss into which he was in danger of falling. And, under the influence of this terror, he would never sit down till a chair was placed on that side of him on which he thought he saw it, and thus proved the floor to be substantial.

It is frequently induced by too free a use of spirituous liquors, the stomach and other digestive organs being hereby debilitated and almost paralysed; and, where this is the case, the disease is apt to terminate in that exhausted state of the nervous system generally, and delirious condition of the brain, which by some writers has been called delirium *tremens*; in which the mind and body exhibit equal feebleness, combined with a high degree of irritability, and the patient often falls a sacrifice in a few days; previous to which he is worn out with convulsive struggles, suc-

* Consil. XIII. lib. I.

ceeded by a cold and general perspiration; the pulse increases in rapidity and becomes thready, and the twitching of the tendons subsides into a tremor that spreads over the whole body; the countenance is pale and anxious, the patient mutters with incessant rapidity, and the DELIRIUM is constant, though easily interrupted by questions addressed to him. In one case, says Mr. Blake, who has given a good description of the complaint, the mind was so diseased that the patient, after being desired to put out his tongue, continued for nearly half an hour to push it out and draw it in alternately in quick succession, whenever I looked towards him.* If, before this extremity takes place, a sound and refreshing sleep creep gradually over the frame, the irritability subsides, a healthful quiescence succeeds to general commotion, and the mind and the body become by degrees reinvigorated.

Under the SECOND VARIETY we meet with a totally distinct set of morbid feelings and ideas: for the patient is here oppressed with a general listlessness and disgust; an irksomeness and weariness of life, often without any specific reason whatever. This is the melancholia *Anglica* of Sauvages, who describes it as common to our own countrymen; under the attack of which, says he, "languid, sorrowful, tired of remedies of every kind, they settle their affairs, make their wills, take leave of their friends by letters, and then put an end to their lives by hanging, poison, or some other means: exhibiting a wish to die, not from insanity or severe grief, but tranquilly, from a mere *tædium vitæ*, or irksomeness of existence." This may occasionally be the case; but by far the greater number of suicides in our own country proceed, not from hypochondriacism, but a despondency produced by real losses, and belong, therefore, as I have already observed, to the genus *empathéma*. Yet this miserable upshot occurs in a few instances from the feeling, or rather the want of feeling, here assigned: the perpetrators of the horrid deed being generally those who, having been actively engaged in the heyday and meridian of life, have retired upon their fortunes with a view of enjoying them in quiet, but who, unhappily, find themselves fitted for any thing rather than for quiet; who have no taste for reading, reflection, or domestic tranquillity, and are too proud to return to the bustle of the world and the excitement of nicely-balanced speculations. There is here a want of the habitual stimulus to a production of sensorial power; in consequence of which the individual sinks into a state of low spirits, and becomes unhappy. A like issue frequently follows upon a life devoted to all the pursuits of sensual gratification, in the course of which the individual has exhausted his stock of enjoyments, and worn out his powers of body and mind before he has reached little more than the midway of his existence. Every thing now falls upon his senses, and he has neither taste nor energy to engage in more rational pursuits. "A ride out in the morning, and a warm parlour and a pack of cards in the afternoon, are all that life affords," said a patient of Dr. Darwin's to him, a man of polished manners, about fifty years of age. He got tired of these in a few months, and, having no other resource, shot himself.†

GEN. III.

SPEC. II.

α A. hypochondriasis
autalgica.

β A. hypochondriasis
pertæsa.

Ascribed by
Sauvages to
Englishmen
chiefly.

This account
not strictly cor-
rect: though
true occa-
sionally.

Common origin
an ill-advised
retirement from
irritant pur-
suits in those
who are not
qualified for
quiet life.

* Edin. Med. and Surg. Journal, Oct. 1823, p. 501.

† Zoonom., vol. iv. p. 90. Edit. 8vo.

GEN. III.

SPEC. II.

γ A. hypochondriac
misanthropica.
Description.

Burton has well described the state of mind of many that are tormented with this most wretched malady*, but still more so those affected with the THIRD VARIETY, which is strikingly accompanied with peevishness, general malevolence, and an abhorrence of mankind. "They are soon tired with all things: they will now tarry, now be gone; now in bed, they will rise; now up, then go to bed; now pleased, and then again displeased; now they like, by and by dislike all, weary of all; sequitur nunc vivendi nunc moriendi cupido, saith Aurelianus†; discontented, disquieted; upon every light occasion or no occasion object; often tempted to make away with themselves; they cannot die, they will not live; they complain, weep, lament, and think they lead a most miserable life: never was any man so bad. Every poor man they see is most fortunate in respect of them; every beggar that comes to the door is happier than they are; jealousy and suspicion are common symptoms in the misanthropic variety. They are testy, pettish, peevish, distrustful, apt to mistake, and ready to snarl upon every occasion, and without any cause, with their dearest friends. If they speak in jest, the hypochondriac takes it in good earnest: if the smallest ceremony be accidentally omitted, he is wounded to the quick. Every tale, discourse, whisper, or gesture he applies to himself: or, if the conversation be openly addressed to him, he is ready to misconstrue every word, and cannot endure that any man should look steadfastly at him, laugh, point the finger, cough, or sneeze. Every question or movement works upon him, and is misinterpreted, and makes him alternately turn pale and red, and even sweat with distrust, fear, or anger."

Medical
treatment.
Remedial
process.

Warm dia-
phoretics.

Warm ape-
rients, and
carminatives.

Singular mis-
placement of
the colon often
found on
dissection.

As, in this species, the body is more affected than in any other division of mental alienation, more may often be accomplished by MEDICINE; though we must by no means be inattentive to moral discipline. The skin is very frequently cold and without a free secretion, and, hence, general friction, with rubefacients and the warmer diaphoretics, have often been found serviceable. The digestive organs are almost always torpid, and several of them, especially the stomach and liver, secrete their respective fluids, not only in too small a quantity, but of an unhealthy quality, so as to be too viscid, too dilute, or morbidly stimulant. Some kind of acrimony, indeed, is almost always found in the stomach, and particularly that of acidity. And hence aperients, carminatives, and particularly the tonic plan which has already been recommended under LIMOSIS *Dyspepsia*, are manifestly called for, and will often be found serviceable.

Post-obit examinations have also frequently pointed out another local cause, which otherwise we should little expect: and that is, a displacement of the transverse colon.‡ M. Pinel, as we have already observed, regards this as a very common cause of insanity in all its forms: but there can be no question that it is a powerful

* Anatomy of Melanch., part 1. sect. III. i. 2.

† Lib. I. cap. vi.

‡ The facts in support of this doctrine have not been so numerous in this country as in France; and its correctness has even been doubted. In Paris, however, the opportunities of dissecting the bodies of insane persons have been for many years much greater than in London; and when we find such authorities as MM. Pinel and Esquirol, attesting, by recorded dissections, the truth of the cause here assigned for the present species of mental alienation, the fact, in relation to the natives of France, must at all events be admitted. — ED.

and ready cause of the present species of mental alienation. M. Esquirol, who has found it as frequently as M. Pinel, tells us that this displacement sometimes consists in an oblique, and sometimes in a perpendicular, direction of the intestine, so that its sinister extremity lies behind the pubes; whilst it has sometimes descended into the form of an inverted aorta even below the pubes and into the pelvis. No disease of the organisation has been found in any instance, and, hence, the change of place must proceed from relaxation and debility alone, where the misposition is not connate; on which account it may, in some instances, be an effect, as it is certainly a cause in others. It is under these circumstances, that we chiefly meet with that pain in the epigastrium to which we have already adverted, and which gives the feeling of a tight cord surrounding the body in the line of distress; and when such a symptom, therefore, occurs, we have reason to suspect the cause of the disease to be produced by some derangement of the colon in respect to position. Under the operation of such a cause, the art of medicine can do but little; temporary ease, however, may be obtained by the pressure of a belt broad enough to support the whole of the lower belly; and it is possible that the intestine may gradually right itself under a course of the warmer tonics, as columbo, canella alba, and cassum-muniar, or lose its morbid irritability by habit. But these are rare terminations; for more generally the displacement increases, and the disease itself gains ground and becomes more incurable.

Congestions from weakness of vascular action in one or more of the abdominal viscera are a frequent result of the present complaint, and not unfrequently a primary cause; and, hence, we may see why the bleeding piles should be serviceable in so many instances as to obtain from Alberti the name of *medicina hypochondriacorum**, and why leeches repeatedly applied to the anus, as recommended by Schoenheyder, should often have a like beneficial effect.† This is of the greatest importance where the disease has been preceded by a periodical flow of blood from the hemorrhoidal veins, and should point out to us the necessity of renewing any other discharge or external irritation to which the system may have been accustomed.

Opium is a very doubtful medicine, though strongly recommended by Deidier and other respectable writers, and readily had recourse to by hypochondriacs themselves to relieve their distressful sensations. Dr. Cullen asserts peremptorily that he has always found a frequent use of opiates pernicious in hypochondriacs‡: and, in many instances in which I have myself been tempted to employ it, I have been compelled to withhold its further use, from its doing more mischief than good. It has often, in such cases, been exchanged for other sedatives, but rarely with any decided advantage.

Exercise of all kinds should be encouraged in every modification of the disease, but especially exercise on horseback, though it is seldom, in the first and third varieties, we can succeed in getting a patient to try it. The diet should be governed by the principles already laid down for treating indigestion.

GEN. III.
SPEC. II.
Alusia hypochondriac.
Medical treatment.

Generally a result of debility, and hence often an effect.

Tight pain in the epigastrium from this cause.

How to be palliated.

Disease often relieved by mariscal hemorrhage, or leeches applied to the anus.

Chronic discharges to be renewed whenever suddenly obstructed.

Opium doubtful.

Exercise, especially on horseback.

* Dissert. de Hæmorrhoidibus. Halle. 1716.

† Act. Soc. Med. Hafn. ii. p. 313.

‡ Mat. Med., vol. ii. p. 245. Edit. 4to.

GEN. III.

SPEC. II.

Alusia hypochondriac.

Medical treatment.

Moral management.

In the autalgic variety sometimes necessary to humour the prevailing fancy.

Exemplified.

Moral treatment.

Treatment in the second variety, or *tædium vitæ*.

A return to past pursuits:

or new pursuits engaged in with great vigour.

Country sports,

or a routine of public duties.

In the MORAL MANAGEMENT, assiduous kindness and consoling conversation produce a deeper effect than they seem to do. Loquacity is always hurtful, but a talent for cheerful discourse, intermixed with interesting and amusing anecdotes, frequently draws away the patient's attention from himself, and becomes a most useful palliative. In the autalgic variety, in which he is perpetually haunted with a feeling of some dreadful disease which exists nowhere but in his own fancy, the hallucination, when we possess his confidence, should be removed by a candid statement of the fact, and, if necessary, friendly expostulation: but the moment we find the prepossession is too strong to be removed by argument, it is better to humour the conceit, and to pretend to prescribe for it. It is sometimes necessary, indeed, for the hypochondriac is often possessed of great cunning, to drop all pretensions whatever, and to put him in good earnest upon a course of medicines for a disease we know he is as free from as ourselves. Thus a firm belief, that he has an inveterate itch, is a common delusion with a patient of this kind, and it will be often found impossible to persuade him that he is cured, till his whole body has been repeatedly rubbed over with sulphur or hellebore ointment. I had lately under my care a special pleader of considerable eminence, who in the course of this affection would have it that he had the pox. I at first argued the point with him day after day, but to no purpose; he felt certain that he should never be well till he was not only salivated, but had used tonic injections for a gleet which he said accompanied it, though he had no discharge whatever. It was in vain to deceive him by supposititious medicines; for he was a man of considerable learning, and well acquainted with medical preparations; and I hence allowed him his heart's desire: he rubbed in mercurial ointment every night, and for an injection used a solution of zinc. In a week, he persuaded himself he was well, and begged permission to desist from a farther use of the remedies; a permission which was readily granted him.

In the second variety, or *tædium vitæ*, where the time seems to hang intolerably heavy on the patient's hands, from his having, in a mistaken search after happiness, relinquished a life of constant excitement and activity for the fancied delights of rural retirement and quiet, the best and most radical cure would be a return to the situation that has been so unfortunately abandoned: but, if this cannot be accomplished, the patient must be put into a train of pursuits of some other kind. If he be fond of the sports of the country, he should weary himself in the day-time with hunting or shooting, or even horse-racing, rather than be hypochondriacal from idleness; and spend his evenings in the bustle of dinner-parties or cards. And if he be capacitated for higher and more useful occupations, let him plunge headlong into the public concerns of the parish and its neighbourhood, become a member of its select vestries, a trustee of the highways, or a magistrate of the district. The habit of excitement must for some time be maintained, though it be afterwards let down by degrees: and the intermediate steps are of no great importance, so far as they answer their purpose. We are not at present arguing the case upon a principle of ethics, or of religion, but merely upon a principle of moral medicine. Yet I have often known persons of

the above description broken in by degrees to a love of domestic quiet, for which they were by no means fitted when they first entered upon it; and who, with a love of domestic quiet, have settled also, as a more sober stage of life has advanced, and reflection has gained ground upon them, into a love of strict moral order, and the higher duties of a conscientious Christian, to which at one time they seemed as little disposed. *

GEN. III.

SPEC. II.

Alusia hypochondriac.

Happy result of the above in various cases.

GENUS IV.

APHELXIA.

REVERY.

INACTIVITY OF THE ATTENTION TO THE IMPRESSIONS OF SURROUNDING OBJECTS DURING WAKEFULNESS.

APHELXIA is derived from ἀφέλλω, “abstraho, retraho, avoco, abduco;” and is in use among the Greek writers.

The subject is almost, if not altogether, new to nosology, and has seldom been dipt into by physiologists. Dr. Darwin occasionally touches upon it in various parts of his “Zoonomia,” and Dr. Crichton, in his “Inquiry into the Nature of Mental Derangement;” and it is well described and illustrated by La Bruyère in his “Characters:” but it yet remains to be analysed, and reduced to a nosological method, and examined in a pathological view. A few leading ideas upon this subject have already been thrown out by the author, in his comment upon the present definition, in [the volume of Nosology; and of these he will avail himself in treating of it more at large.

GEN. IV.

Origin of the]
generic term.Subject almost
new to medi-
cine.

In order to our becoming acquainted with the existence of surrounding objects, or of an external world, as it is called by psychologists, three things are necessary: sound external senses; a secretion of the nervous fluid (or, as it might be perhaps more correctly expressed, a due maintenance of the nervous and sensorial energy), apparently under different modifications, whereby they are made capable of being roused or excited by the different objects addressed to them; and an exercise of the faculty of attention to the impressions which are thus produced. The will has, or ought to have, a power of calling this, as well as every other faculty of the mind, into a state of exertion, or of allowing it to be

Means of our becoming acquainted with an external world:
external senses:
due state of the innervation:
exercise of the faculty of attention.

* The following remarks by Dr. Conolly are exceedingly just: — “So many hypochondriacal persons are known to be at large, who entertain strange opinions concerning their own form and nature, that it seems hardly necessary to caution the practitioner against treating such patients as madmen are commonly treated. That the mind of these individuals is impaired, is unquestionable; but the character of the impairment is not dangerous. Yet, when there is much anxiety to get rid of a troublesome member of a family, very great stress is laid on these fancies, to which, taken by themselves, the practitioner must not attach great importance.” See Enquiry concerning the Indications of Insanity, p. 405. — ED.

GEN. IV.
Aphelxia.

Power of the
will in sum-
moning the
attention :

Revery de-
pends upon this
power intensely
exerted, or
wanted.

Distinctive
characters.

indolent ; and it is chiefly upon this want of power, or the same power intensely exerted, that the phenomenon of revery depends ; thus giving rise to the three following species of mental aberration : —

1. APHELXIA SOCORS.

ABSENCE OF MIND.

2. ——— INTENTA.

ABSTRACTION OF MIND.

3. ——— OTIOSA.

BROWN-STUDY.

In the first of these the attention is truant, and does not yield readily to the dictates of the will : in the second, it is riveted, at the instigation of the will itself, to some particular theme unconnected with surrounding objects : and in the third, it has the consent of the will to relax itself, and give play to whatever trains of ideas are uppermost, or most vivacious, in the sensory.

SPECIES I.

APHELXIA SOCORS.

ABSENCE OF MIND.

TRUANT ATTENTION ; WANDERING FANCY ; VACANT OR VACILLATING COUNTENANCE.

GEN. IV.

SPEC. I.

Illustrated.

THIS is an absence, or vacuity of mind, too common at schools and at church ; over tasks and sermons ; and there are few readers, who have not frequently been sensible of it in some degree or other.

In reading books in which we are totally uninterested, composed in a tedious and repulsive style, we are almost continually immersed in this species of revery. The will does not exert its power : the attention is suffered to wander to something of stronger attraction ; or the imagination is left to the play of its own nugatory ideas ; and, though we continue to read, we have not the smallest knowledge of the argument before us ; and if the subject, to which the train of our thoughts is really directed, be of a strikingly ludicrous character, we may possibly burst into a laugh in the middle of a discourse of great gravity and seriousness, to the astonishment of those around us.

Sometimes the
will loses its
power for want
of habit.

This is a common case, and may lead to great embarrassment. We have nevertheless thus far supposed, that the will does not exert its power, and sufficiently rein in the attention to the subject addressed to it. It not unfrequently happens, however, that the will, for want of a proper habit, has lost its power, either wholly, or in a very great degree, and cannot, with its utmost energy, exercise a due control over the attention ; and it also happens in other cases, from a peculiarity of temperament, or morbid state of body, that the faculty of the attention itself is so feeble, that it is incapable of being steadily directed for more than a few minutes to any object of importance whatever, with all the effort of the will to give it such direction.

Sometimes the
faculty of atten-
tion too feeble
for long exer-
tion.

The mind, under either of these conditions, is in a deplorable state for all the higher purposes of reflection and knowledge, for which by its nature it is intended; since it is upon the faculty of attention that every other faculty is dependent for its vigour and expansion: without it the perception exercises itself in vain; the memory can lay up no store of ideas; the judgment draw forth no comparisons; the imagination must become blighted and barren; and where there is no attention whatever, the case must necessarily verge upon fatuity.

In early life, the attention, like every other faculty of the mind, is weak and wandering, is often caught with difficulty, and rarely fixed upon any thing. Like every other faculty, however, it is capable of being strengthened and concentrated; and may be made to dwell upon almost any object proposed. But this is a work of time, and forms one of the most important parts of education: and, in the course of this discipline, it should not be forgotten, that the faculty of attention, when it first shows itself, is more readily arrested by some subjects than by others, and that it is hence of great moment to ascertain those subjects, and to select them in the first instance. The habit is what is chiefly wanted, and the quicker this is acquired, the more time we gain for transferring the same habit to other and perhaps more valuable purposes afterwards.

This is a point seldom sufficiently considered in the course of education; and, for want of such consideration, far more than half the time of many boys becomes an entire blank, and is lost; and not a few suffered to remain blockheads in the particular department to which their hours of study are directed, who might discover a considerable capacity and genius, if the department were changed for one more adapted to their own taste, or, in other words, more attractive to their attention.

There is a very singular instance of habitual absence of mind related by Sir A. Crichton, in a young patient under the care of Dr. Pitcairn and himself, which, though some other circumstances appear to have combined with it, is ascribed considerably to the error of education we are now speaking of, that of not duly studying the peculiar bent of a mind in many respects singularly constituted, and drawing forth and strengthening the faculty of attention, which was in an especial degree weak and truant, by an employment of such objects and pursuits as were most alluring. This patient was a young gentleman of large fortune, who, till the age of twenty-one (and he does not seem to have been much more at the time of describing his case), had enjoyed a tolerable share of health, though of a delicate frame. In his disposition, he was gentle and calm, but somewhat unsociable. His absence of mind was extreme, and he would sometimes willingly sit for a whole day without moving. Yet he had nothing of melancholy belonging to him; and it was easy to discover by his countenance, that a multiplicity of thoughts were constantly succeeding each other in his imagination, many of which were gay and cheerful; for he would heartily laugh at times, not with an unmeaning countenance, but evidently from mental merriment. He was occasionally so strangely inattentive, that, when pushed by some want which he wished to express, if he had begun a sentence, he would suddenly stop short after getting half way through it, as though he had

GEN. IV.

SPEC. I.

Aphelxia socors.

Either case highly injurious to mental expansion, and invigoration of the other faculties.

Attention weak in infancy; but, like the other faculties, capable of invigoration.

How this may be best accomplished.

But the method too little attended to.

Singular example of habitual absence of mind; largely resulting from erroneous education.

GEN. IV.
SPEC. I.
Aphelia socors.

forgotten what else he had to say. Yet, when his attention was roused, and he was induced to speak, he always expressed himself in good language and with much propriety; and if a question were proposed to him, which required the exercise of judgment, and he could be made to attend to it, he judged correctly. It was with difficulty he could be made to take any exercise; but was at length prevailed upon to drive his curricle, in which Sir Alexander at times accompanied him. He at first could not be prevailed upon to go beyond half a mile; but in succeeding attempts he consented to go farther. He drove steadily, and when about to pass a carriage, took pains to avoid it: but, when at last he became familiarized with this exercise, he would often relapse into thought, and allow the reins to hang loose in his hands. His ideas seemed to be for ever varying. When any thing came across his mind which excited anger, the horses suffered for it; but the spirit they exhibited at such an unusual and unkind treatment made him soon desist, and re-excited his attention to his own safety. As soon as they were quieted, he would relapse into thought: if his ideas were melancholy, the horses were allowed to walk slow; if they were gay and cheerful, they were generally encouraged to go fast.*

Defect in this case not only in the mode of education, but probably chiefly in a natural defect of the attention itself.

Perhaps, in this case, something might have been owing, as supposed by Sir A. Crichton, to an error in the mode of education; but the chief defect seems to have been in the attentive faculty itself, and its labouring under a natural imbecility, which no mode of education could entirely have removed. We have had frequent occasions to observe, that the powers of the mind vary in different individuals as much as those of the body: and we have already offered examples of weak or diseased judgment, weak or diseased perception, and weak or vehement imagination. In the case before us, the mental disease seems to have been chiefly confined to the faculty of attention; and we shall presently have to notice a similar imbecility of the memory, and even of all the mental faculties conjointly.†

* Of Mental Derangement, vol. i. p. 281.

† The *absent man* cannot spread his attention over many things at once: it is concentrated on one subject, or one train of thought; and the most trivial thoughts are sufficient for its exclusive occupation. He, therefore commits a thousand extravagancies; puts on his friend's hat; loses his way in his native town; goes to bed in the middle of the day, because he finds himself in his bedroom; or forgets his own name when he knocks at a person's door. See Conolly on Insanity, p. 121. — Ed.

SPECIES II.

APHELXIA INTENTA.

ABSTRACTION OF MIND.

THE ATTENTION WOUND UP, AND RIVETTED TO A PARTICULAR SUBJECT; WITH SYMPATHETIC EMOTION OF THE MUSCLES AND FEATURES CONNECTED WITH ITS GENERAL DRIFT.

IN this species, the faculty of attention, instead of being feeble, or contumacious to the will, is peculiarly strong, and vehemently excited, and acts in perfect co-operation with the will itself. And in many instances, the sensorial energy maintained is so great, and demands so large a supply of sensorial power, as apparently to exhaust the entire stock, except indeed the reserve, which is in almost all cases instinctively kept back for the use of the vital or involuntary organs. And hence, all the external senses remain in a state of torpor, as though drawn upon for their respective contributions of sensorial power in support of the predominant meditation: so that the eyes do not see, nor the ears hear, nor does the flesh feel; and the muser may be spoken to, or conversation may take place around him, or he may even be struck upon the shoulders, without any knowledge of what is occurring.

Abstraction of mind may be produced by various causes, but the following are the chief, and form two distinct varieties:—

α Aphelxia a pathemate.

From some overwhelming passion.

β Aphelxia a studio.

From intense study.

OF THE FIRST VARIETY we have already offered abundant examples in the two preceding genera: and especially in the cases of ungovernable joy or rapture, grief and despondency; under the influence of which the affected person is often as much lost to the world around him, as if he were in a profound sleep, and dreaming; and only hears, sees, and feels the vivid train of ideas that possess themselves of his mind, and rule it as a captured citadel. To these alone the attention is directed; here it exhausts all its power, and the will concurs in the exhaustion; insomuch that the patient is said in some cases to have stared at the meridian sun without pain*; and in others to have been undisturbed by the discharge of a cannon.†

We meet with like proofs of this variety of revery in many cases of intense study, and especially upon abstract subjects, as those of pure mathematics, in which all the reasoning and more serious faculties of the mind, as the perception, the memory, and the judgment, as well as the attention, are jointly called into action, and kept equally upon the stretch. Of the power of this variety of revery in rendering an individual torpid and almost dead to all around him, we have a decided instance in Archimedes, at the

GEN. IV.

SPEC. II.

Faculty of attention here peculiarly strong: and in full co-operation with the will.

Sensorial energy so great as often to exhaust the entire stock, except what is kept in reserve for the vital organs.

α A. intenta a pathemate.

The individual sometimes as much lost to the world as in a profound sleep.

β A. intenta a studio.

* Blumenb., Bibl. i. p. 736.

† Darwin, Zoonomia, III. i. ii. 2.

GEN. IV.
SPEC. II.
♂ *A. intenta* a
studio.
Instanced in
Archimedes.

time of his arrest. When the Roman army had at length taken Syracuse by stratagem, which the tactics of this consummate engincer prevented them from taking by force, he was shut up in his closet, and so intent on a geometrical demonstration, that he was equally insensible to the shouts of the victors, and the outcries of the vanquished. He was calmly drawing the lines of a diagram when a soldier abruptly entered his room, and clapt a sword to his throat. "Hold, friend," said Archimedes, "one moment, and my demonstration will be finished." The soldier, surprised at his unconcern at a time of such extreme peril, resolved to carry him before Marcellus; but as the philosopher put under his arm a small box full of spheres, dials, and other instruments, the soldier, conceiving the box to be filled with gold, could not resist the temptation, and killed him on the spot.*

SPECIES III.

APHELXIA OTIOSA.

BROWN-STUDY.

LEISURELY LISTLESSNESS; VOLUNTARY SURRENDER OF THE ATTENTION AND THE JUDGMENT TO THE SPORTIVE VAGARIES OF THE IMAGINATION: QUIESCENT MUSCLES; IDLE GRAVITY OF COUNTENANCE.

GEN. IV.
SPEC. III.
The attention
here allowed
by the will to
be quiescent.
Other reasons
why the external
senses are
vacant in this
species.

Studium inane
of Darwin:
admirably
described by
Cowper.

THE attention is equally summoned into action and dismissed at the command of the will. It is summoned in the last species: it is dismissed, when a man voluntarily surrenders himself to ease and listlessness of mind; during which period, moreover, in consequence of this indulgence in general indolence, the external senses themselves unite in the mental quiescence, and a smaller portion of nervous energy is probably generated, for the very reason that a smaller portion is demanded; and hence the active senses without are as vacant and unstrung as the active senses within, and as blunted to their respective stimuli. The first playful ideas that float over the fancy in this case take the lead, and the mind relaxes itself with their easy and sportive flow. It is the *studium inane* of Darwin†, who seems, however, to have in some degree misapplied the name, or to have confounded the aberration with that of *ecphronia* or *alusia*. Cowper has admirably described it in the following verses:—

Laugh, ye who boast your more mercurial powers,
That never feel a stupor, know no pause,

* If the attention be much engrossed by one object, it is necessarily withdrawn from others; and although readily transferred in general from one set of objects and ideas to another set of objects and ideas, it is sometimes so tenacious of one set, as to refuse, as it were, to turn to a succession. We read, that when Sir Joshua Reynolds, after being many hours occupied in painting, walked out into the street, the lamp-posts seemed to him to be trees, and the men and women moving shrubs. See Dr. Conolly's Enquiry concerning the Indications of Insanity, p. 119. — Ed.

† Zoonom., III. i. ii. 2.; and again, IV. II. iv. 2.

Nor need one : I am conscious, and confess,
 Fearless, a soul that does not always think.
 Me, oft, has fancy ludicrous and wild
 Soothed with a waking dream of houses, towers,
 Trees, churches, and strange visages, express'd
 In the red cinders, while with poring eye
 I gazed, myself creating what I saw.
 Nor less amused have I quiescent watch'd
 The sooty films that play upon the bars
 Pendulous, and foreboding in the view
 Of superstition, prophesying still,
 Though still deceived, some stranger's near approach.
 'Tis thus the understanding takes repose
 In indolent vacuity of thought,
 And sleeps and is refresh'd. Meanwhile the face
 Conceals the mood lethargic with a mask
 Of deep deliberation, as the man
 Were task'd to his full strength, absorb'd and lost.

GEN. IV.
 SPEC. III.
 Aphelxia
 otiosa.

In the indolent mind, such indulgence is a disease, and, if not studiously watched and opposed, will easily become a habit. In the studious and active mind, it is a wholesome relaxation ; the sensory, in the correct language of the poet, "sleeps and is refreshed," grows fertile beneath the salutary fallow, and prepares itself for new harvests.

This is more particularly the case where, in conjunction with an attention "screwed up to the sticking place," and long continued there, a spirit of ardent emulation is at the same time stirring, and distracted between the hope and fear of gaining or losing a distinguished honour or reward. I have seen this repeatedly in young men who have been striving night and day, and week after week, for the first prizes of our English universities ; some of whom have indeed succeeded, but with a hectic exhaustion that has been recovered from with great difficulty ; while others, in the full prospect of success, have been compelled to relinquish the pursuit, and to degrade.

Yet even without this conflict of feeling, where the attention alone has been too long directed to one or to a variety of recon-dite subjects, without relaxation, the mind suffers considerably, and its powers become shaken and confused ; of which we have an interesting example in the case of Mr. Spalding, a scholar of considerable eminence in Germany, as drawn by himself, and communicated to the editors of the *Psychological Magazine*.* His attention, he tells us, had been long kept upon the stretch, and had been still more distracted by being continually shifted from one subject to another, when, being called upon to write a receipt for money paid him on account of the poor, as soon as he had written the two first words, he found himself incapable of proceeding farther. He strove all he could, and strained his attention to the utmost, but to no purpose ; he knew the characters he continued to make were not those he wished to write, but could not discover where the fault lay. He then desisted, and partly by broken words and syllables, and partly by gestures, made the person who waited for the receipt understand that he should leave him. For about half an hour, a tumultuary disorder reigned in his senses, so that he was incapable of remarking any thing very particular, except that

With the indolent, such indulgence a disease : with the studious, a wholesome relaxation :

Especially where the attention is spurred on by a spirit of rivalry, as well as by the will. Illustrated.

Even simple attention long directed to mental pursuits occasionally produces confusion. Exemplified.

* Crichton's Inquiry into Mental Derangement, i. 237.

GEN. IV.
SPEC. III.
Aphelxia
otiosa.

one series of ideas of a trifling nature, and confusedly intermixed, forced themselves involuntarily on his mind. At the same time his external senses continued perfect, and he saw and knew every thing around him. His speech, however, failed in the same manner as his power of writing, and he perceived that he spoke other words than those he intended. In less than an hour he recovered himself from this confusion, and felt nothing but a slight headache. On examining the receipt on which the aberration first betrayed itself, he found that, instead of the words "fifty dollars, being one half-year's rate," he had written "fifty dollars, through the salvation of Bra—" the last word being left unfinished, and without his having the least recollection of what it was intended to be.

GENUS V.

PARONIRIA.

SLEEP-DISTURBANCE.

THE VOLUNTARY ORGANS CONNECTED WITH THE PASSING TRAIN OF IDEAS, OVERPOWERED BY THE FORCE OF THE IMAGINATION DURING DREAMING, AND INVOLUNTARILY EXCITED TO THEIR NATURAL OR ACCUSTOMED ACTIONS; WHILE THE OTHER ORGANS REMAIN ASLEEP.

GEN. V.
Origin of the
generic term.
Essential distinction between ephialtes or night-mare, and the present species:
hence erroneously united by Cullen.

PARONIRIA, from *παρὰ* and *δνειρον*, signifies "depraved, disturbed, or morbid, dreaming." So, in Dioseorides *, *δυσδνειρος* signifies "tumultuosus et malis somniis molestans."

In treating of the genus EPHIALTES, or night-mare †, I endeavoured to explain its course and nature; and hereby pointed out the essential distinction which exists between that disease and the present, and the impropriety of uniting the species which belong to both of them under one head, as Dr. Cullen has done in his genus oneirodynia; since, with the exception of their occurring in the night, and during sleep, and therefore involuntarily, they have little or no connexion or resemblance, in cause, symptoms, or even mode of cure.

The three following species are so clearly and decidedly of one and the same family, as to prevent all dispute in their present position. They are here, however, associated for the first time in a genus distinct from ephialtes.

These affections only to be fully understood by a knowledge of the physiology of sleep and dreaming.

- | | |
|------------------------|------------------|
| 1. PARONIRIA AMBULANS. | SLEEP-WALKING. |
| 2. ————— LOQUENS. | SLEEP-TALKING. |
| 3. ————— SALAX. | NIGHT-POLLUTION. |

The nature of these singular affections, and the means by which they are produced, have never yet been explained, and rarely, so

* Vol. ii. p. 127.

† Vol. i. Ord. II. Gen. v.

far as I know, has any explanation been attempted. To understand them fully, it would be necessary for us to enter into a minute development of the physiology of sleep and dreaming, which the limits of the present work will not allow. On some future occasion, the author may, perhaps, follow it up into such a detail: but a few general remarks must suffice for the occasion before us.

In sleep, accompanied with dreaming, the faculties of the mind bear a pretty close parallel with those of the body, as to the effect produced upon them. Some of them, as the will, the perception, the judgment, are in a state of general torpitude, like the voluntary organs of the body; while the memory and the imagination, like the vital or involuntary organs of the body, are in as high activity as ever. Hence, the sensory is as much crowded with ideas as at any time; but, destitute of a controlling power, they rush forward with a very considerable degree of irregularity, and would do so with the most unshapeable confusion, but that the habit of association still retains some degree of influence, and produces some degree of consonance and proportion in the midst of the wildest and most extravagant vagaries. And, hence that infinite variety which takes place in the character of our dreams; and the greater regularity of some, and the greater irregularity of others. Hence, a combination of thoughts, or ideas, sometimes only in a small degree incongruous, and at other times most frantic and heterogeneous; occasionally, indeed, so fearful and extravagant as to stimulate the external senses themselves into a sudden renewal of their functions, and consequently to break off abruptly the sleep into which they were thrown.

Now, as the stimulant force of our ideas, in dreaming, is often sufficient to rouse the external senses generally, and to awake us all of a sudden: it may be of such a kind, and just of such a strength, as to excite into their accustomed action the muscles of those organs or members only which are more immediately connected with the train of our dreams or incoherent thoughts; while every other organ may still remain torpid. And hence the muscles chiefly excited being those of speech, some persons talk, or the muscles chiefly excited being those of locomotion, other persons walk, in their sleep, without being conscious, on their waking, of any such occurrence.* And, by the same means, we may easily account for the third species of the genus, or that which consists in dormant and involuntary salacity.

* Hennings, von den Träumen und Nachtwandlern. Weimar, 1784. Horst, De Naturâ, Differentiis, et Causis eorum qui dormientes ambulat, &c. Leips. 1593. 8vo.

GEN. V.

Paroniria.

General hints subservient to a development of these states of the body and mind.

Many of the faculties of the mind, as well as of the body, at this time torpid: others in a state of activity.

Hence the sensory crowded with ideas wanting the control of the will.

Whence the ideas preserve some sort of catenation in dreaming: and are sometimes more and sometimes less regular.

Dreaming ideas sometimes so vivid and wild as to stimulate the senses and rouse them abruptly from sleep.

Sometimes only a single sense thus roused, and why.

Hence sleep-talking, sleep-walking, or somnambulism, and night pollution.

SPECIES I.
 PARONIRIA AMBULANS.
SOMNAMBULISM. SLEEP-WALKING.

THE MUSCLES OF LOCOMOTION EXCITED INTO THEIR ACCUS-
 TOMED ACTION BY THE FORCE OF THE IMAGINATION DURING
 DREAMING.

GEN. V.
 SPEC. I.

In profound sleep, all the powers of the mind and body, except the involuntary organs, in a state of torpitude.

In dreaming, some of the mental faculties only sleep, as the will, the perception, and the judgment: while the imagination continues awake. Not difficult to know why the involuntary organs do not require rest: nor why the will and the judgment sooner become dormant than the imagination.

Sleep is a natural torpitude induced by fatigue and exhaustion.

The exhaustion of some of the powers of the body and mind only secondary, or the result of association with the rest.

Some of the external organs of sense do not in every in-

IN profound sleep, all the faculties of the mind, as well as all the voluntary organs of the body, are in a state of inactivity or torpitude, and the only organs that preserve their active tenor are the involuntary ones; so that, in this state, there is neither thought nor idea of any kind. In dreaming, some of the mental faculties only sleep, or are torpid, while the others, like the involuntary organs of the body, continue wakeful or active: the somnolent faculties, we have already observed, are the will, the perception, and the judgment; the wakeful are the memory and the imagination.

It would not be difficult, if we had time, to show why the involuntary organs do not require rest, or, in other words, become torpid like the voluntary; nor why the will and the judgment sooner associate in the general sleep of the external senses than the imagination; but this would carry us too far into the subject of animal physiology. There are two physiological remarks, however, which it is necessary to make, in explanation of the morbid affection immediately before us. The first is, that sleep is a natural torpitude, or inertness, induced upon the organs of the body (with the exception of the involuntary) and the faculties of the mind by fatigue and exhaustion. And the next is, that, in the production of sleep, it is not necessary that all these powers of body and mind should have been equally exposed to exhaustion: for, such is the effect of association and habit, that as soon as one faculty or organ feels fatigue, or becomes exhausted, the rest participate in the same condition, and the sleep or torpitude becomes common to the whole. It is hence the body is made drowsy by mental study, and the mind by corporeal labour; that muscular exercise wearies all the senses, and the exertion of the senses wearies the muscles: though there can be no doubt, that the general tendency to sleep is also partly superinduced by the indirect exhaustion sustained by the organs or faculties that have been less employed, in consequence of the share of sensorial energy which, as from a common stock, they have themselves contributed towards the support of the more active and hence more debilitated powers.

Now, it sometimes happens, either from disease or peculiarity of constitution, that all the external organs of sense do not associate in the general action that has taken place, or yield alike to the general torpor to which it gives rise; and that the auditory, the optical, or some other sense, continues awake or in vigour while

all the rest are become inert ; as it does also, that such particular sense, like the muscles of particular members, as observed a page or two above, is awoken or restimulated into action in the midst of the soundest sleep, by the peculiar force and bent of the dream, while the rest still sleep on and are unaffected.

If the external organ of sense, thus stimulated, be that of sight, the dreamer may perceive objects around him, and be able to distinguish them : and if the tenour of the dreaming ideas should as powerfully operate upon the muscles of locomotion, these also may be thrown into their accustomed state of action, and he may rise from his bed, and make his way to whatever place the drift of his dream may direct him, with perfect ease, and free from danger. He will see more or less distinctly in proportion as the organ of sight is more or less awake : yet, from the increased exhaustion, and, of course, increased torpor of the other organs, in consequence of an increased demand of sensorial power from the common stock, to supply the action of the sense and muscles immediately engaged, every other sense will probably be thrown into a deeper sleep or torpor than if the whole had been quiescent. Hence, the ears may not be roused even by a sound that might otherwise awake the sleeper. He may be insensible, not only to a slight touch, but a severe shaking of the limbs ; and may even cough violently without being recalled from his dream. Having accomplished the object of his visionary pursuit, he may safely return, even over the most dangerous precipices, for he sees them distinctly, to his bed ; and the organ of sight being now quite exhausted, or there being no longer any occasion for its use, it may once more associate in the general inactivity, and the dream take a new turn, and consist of a new combination of images.

Somnambulism occurs in many persons without any manifest predisponent cause, though it is generally connected with a considerable irritability of habit. A morbid state of the stomach, where this habit exists, has very frequently proved an exciting cause ; of which Dr. Yeates has given us an example in the case of a young gentleman of ten years of age.* He was of a delicate frame, often troubled with sickness ; sometimes rejected his food undigested, after having lain two days in his stomach : his bowels were costive, and the stools were dark, offensive, and ill formed. The sympathetic symptoms were frequent headaches, with occasional stupor, general coldness of the skin, and limpid urine. After being in bed for about two hours, he was wont to start up suddenly, as in a fright, dart rapidly into the middle of the chamber, or of the room adjoining, and walk about with much agitation. In this state he would run over quickly, but incorrectly, the transactions of the day ; and he once attempted to spell a word which in the day-time he had spelt wrong, in doing which he jumbled a number of letters together. When spoken to, he would make a rational reply ; and, in one of his sleeping perambulations, he called for an epitome of the History of England, which he was in the habit of reading. The nurse brought him a book, but not the one he called for : on perceiving the difference, he immediately threw it from him with great violence, and with expressions of anger and disappointment.

GEN. V.
SPEC. I.
Paroniria
ambulans.

stance associate in the torpor or sleep of the rest : and sometimes some of them awake suddenly, while the rest continue to sleep.

If the wakeful sense be sight, the dreamer may perceive objects while asleep : and if the tenour of the dream act powerfully upon the locomotive muscles, he may walk, while the rest of the mind and body is dormant.

The dormancy of the sleeping organs hereby increased, and why.

Irritability of habit often a predisponent cause.

Morbid state of the stomach often an exciting cause.

Exemplified.

* Med. Trans., vol. v. art. xxviii. p. 444.

GEN. V.

SPEC. I.

Paroniria
ambulans.

This case produced by nervous irritability, and hence the hurry of the sleep-walk: where no such irritability, the dreamer often proceeds coolly and collectedly. The eyes are more or less open: but, from their winking, have sometimes been described as closed.

Remedial
treatment.

On these occasions, his eyes were wide open, though he did not seem conscious of seeing, nor of his situation at the time. It was, says Dr. Yeates, a perfect state of dream throughout, though partaking of the acts of the waking state, for he would avoid objects walking about the room. His face was quite pallid at the time.

In this case, much of the nervous hurry and agitation seems to have depended upon the debilitated and irritable state of the patient's frame. But where the affection proceeds from idiosyncrasy, or where there is no disturbance of the general health, the dreamer often proceeds far more coolly and collectedly; and the eyes, instead of being wide open, as though staring, are often not more than half-unclosed, in some cases even less than this; which has given occasion to marvellous stories of somnambulists walking over dangerous places, or avoiding dangerous objects, with their eyes completely shut all the time.*

The remedial treatment which it may be necessary to pursue, we shall defer till we have briefly noticed the succeeding species, as the same treatment will apply to the whole.

SPECIES II.

PARONIRIA LOQUENS.

SLEEP-TALKING.

THE MUSCLES OF SPEECH EXCITED INTO THEIR ACCUSTOMED ACTION BY THE FORCE OF THE IMAGINATION DURING DREAMING.

GEN. V.

SPEC. II.

General principle explained under the preceding species.

Organs of speech stimulated by the train of dreaming ideas.

It is not necessary to dwell upon this species, as we have already explained the general principles of the inordinate action in the preceding pages. As the train of ideas which form the dream, when peculiarly lively and immediately connected with the organs of locomotion, may stimulate those organs into their accustomed activity, and thus give the dreamer a power of walking without consciousness; in like manner, if a similar train of dreaming ideas be immediately connected with the organs of speech, these may also be equally influenced, and the dreamer be able to talk, without being conscious of it, or having any recollection of such exertion when he awakes. And as, for reasons already specified, the organ of sight

* It seems to Dr. Uwins, that the phenomena characterising that remarkable condition of the brain and nerves which leads to sleep-walking, might be adduced in favour of the principle, that one series of organs may be active while another is dormant. It is well known, says he, that the perceptions are so exceedingly acute in sleep-walkers, as to enable them to pass over narrow bridges, &c. the contemplation of which they have shuddered at when awake. "Is not this superior adroitness referrible to the suspended agency of other parts of the brain, rather than to a positive augmentation of power in the parts in exercise? And is not this the pivot or main spring upon which aberration turns and depends? Wake a sleep-walker, and he is immediately alive to his danger; prove to a maniac the untenable nature of his assumptions, and he is directly conscious of, or *awake to*, all his insane wanderings." Dr. Uwins on those Disorders of the Brain and Nervous System, usually called mental, p. 31. 8vo. Lond. 1833. — Ed.

is sometimes, in the same way, roused from a state of sleep or torpidity to a state of wakefulness, while all the other external senses continue somnolent, or, from idiosyncrasy, or some local or accidental cause, do not join in the general repose, but continue vigilant during its dominion; the organ of hearing may be roused in the same manner, or exhibit the same anomaly; and, in this case, the dreamer, who, under the influence of the last species of affection, is able to see as well as to walk, is able, under the present, to hear as well as to speak.* Examples, indeed, are given, in which a by-stander, obtaining some clue into the train of thoughts of which the dream is composed, has been able, not only to keep up an irregular conversation, but, by dexterous management, and the artful assumption of a character which he finds introduced into the dream, to draw from the dreamer the profoundest secrets of his bosom, the dreaming ideas generally consisting of those on which the dreamer is most employed when awake, or which lie nearest his heart. I have never met with a case of this kind in my own practice, but it is given as a fact by various physiologists from the time of the Greeks and Romans to our own day.

GEN. V.
SPEC. II.
Paroniria
loquens.

Organ of hearing sometimes associates in the wakefulness: whence the dreamer able to hear as well as to speak.

Possible consequence of this.

SPECIES III.

PARONIRIA SALAX.

NIGHT-POLLUTION.

THE SEXUAL ORGANS EXCITED INTO VENEREAL ACTION BY THE FORCE OF THE IMAGINATION DURING DREAMING.

By Sauvages this affection is absurdly placed among the species of gonorrhœa, which, with great looseness of generic character, is defined “*passio, cujus præcipuum symptoma est fluidi puriformis vel seminiformis effluxus stillatitius ex urethrâ*.” This definition is, indeed, wide enough to embrace the affection before us; but the absurdity consists in intermixing a natural discharge, produced by the ordinary orgasm, with morbid discharges, in which, in most cases, there is no orgasm whatever. Dr. Cullen, however, has continued to assign the same place, and the same name, to the present species, and this with still greater inconsistency: since he has struck out of his definition of gonorrhœa the epithet *seminiformis*, and confined it to a “*fluxus humoris ex urethrâ præter naturam*.” So that he has been obliged to break his own bounds, to introduce this natural flux into the place he has allotted it. And hence, in laying down the treatment of gonorrhœa, in his Practice of Physic, he takes no notice of his gonorrhœa *dor-*

GEN. V.
SPEC. III.
Species placed
erroneously by
Sauvages;

and by Cullen.

* Dreaming seems to Dr. Uwins to differ from the condition of actual madness, inasmuch as there are in it no correctives against aberration from the senses: “when these are called into exercise, all the lofty conceits and wild combinations of the dreamer are in a moment over; while they continue in the mad, despite of the sensual information; nay, the workings of the brain seem occasionally to change these sensual guards against aberration into actual ministers of misconception.” On Disorders of the Brain, &c. p. 31. — ED.

GEN. V.
SPEC. III.
Paroniria salax.
Physiology.

Ideas of dream-
ing more lively
than in wake-
fulness, and
why.

Interesting
exemplification.

Hence sexual
orgasm from
dreaming
ideas.

Seminal flux
sometimes
during sleep
from various
causes; but this
does not belong
to the present
species.

The fact known
to the Greeks
and Romans,
and elegantly
explained by
Lucretius :

mientium, as though feeling that it was altogether a different subject.

We have already observed, that whatever part of the animal frame is immediately connected with the tenour of the somnolent vision, it is often roused, under particular circumstances, from the general sleep or torpitude in which it had participated, and becomes wakeful, while every other part perseveres in the common repose. During sleep, moreover, our ideas are often more lively and operative than during wakefulness, and this on two accounts ; first, because, from the uninterrupted activity of the involuntary organs, there is a more ready secretion of sensorial, as well as of most other fluids, in a state of perfect tranquillity ; and next, because the ideas that predominate at the time are not broken in upon, or weakened, by exterior impressions and disturbances. It is on this account, when the faculty of the judgment is stimulated into activity, instead of the ear or eye, or the motory powers, a man has sometimes been able to solve difficulties in dreaming, which proved too hard for him when vigilant. And to this effect Dr. Spurzheim : “ Somnambulists,” says he, “ even do things of which they are not capable in a state of watching ; and some dreaming persons reason sometimes better than they do when awake.”* A singular and amusing instance of this occurred not many years ago to a very excellent and justly celebrated friend of the author’s, the Reverend William Jones of Nayland, Suffolk, who, among other branches of science, had deeply cultivated that of music, to which, indeed, he was passionately attached. He was a man of irritable temperament, ardent mind, and most active and brilliant imagination ; and was hence prepared by nature for energetic and vivid ideas in his dreams. On one occasion during his sleep, he composed a very beautiful little ode of about six stanzas, and set the same to very agreeable music ; the impression of which was so firmly fixed in his memory, that, on rising in the morning, he sat down, and copied from his recollection both the music and the poetry.

It is hence not difficult to conceive, that members so irritable as the sexual organs, when once the imagination leads energetically to the subject of concupiscence, should occasionally participate in the vision, and prove their sympathy by the result.

In some morbid states of the body, and especially when accompanied with local irritation, produced by inflammation, fibrous entony, the debility of old age, or a habit of vicious indulgence, a seminal flux has sometimes taken place, without any connection with the dream, and sometimes without either erection or turgescence ; but this does not constitute the affection immediately before us ; in which the stimulant power lies in the sensory, and is propagated from that organ to those of generation.

The Roman poet, who so admirably unlocked the NATURE OF THINGS to his contemporaries, by following the footsteps of nature herself into most of her deepest recesses, directed his attention to this subject, among other physiological facts, and has elegantly explained it in the above manner ; adducing, at the same time, another instance of the influence, which the ideas of dreaming sometimes exercise over the organs connected with them, derived

* Physiognomical System, p.175. 8vo. Lond. 1815.

from the evacuation of the bladder, which frequently takes place in children, whose dream is directed to this natural want, and who image to themselves the ordinary vessel employed for such purpose as at hand for their use: —

Pueri sæpe, lacum propter, seu dolia curta,
Somno devincti, credunt se extollere vestem;
Totius humorem saccatum corporis fundunt;
Quom Babylonica, magnifico splendore, rigantur.
Tum, quibus ætatis freta prinitus insinuantur,
Semen ubi ipsa dies membris matura creavit,
Conveniunt simulacra foris e corpore quoque,
Nuncia præclari voltus, pulchrique coloris,
Qui ciet inritans loca turgida semine multo,
Ut, quasi transactis sæpe omnibus rebus, profundant,
Fluminis ingenteis fluctus, vestemque cruentent.*

GEN. V.
SPEC. III.
Paroniria salax.
with another
effect, of a si-
milar kind.

In the medical treatment of all these species of paroniria, we must never lose sight of this principle, that, although in many instances their predisponent cause is a peculiar idiosyncrasy or habit, their exciting cause is, in all cases, general or local irritation: and that this irritation is of two very opposite kinds, which it also becomes us very particularly to attend to, namely, that of entony, or excess of power; and that of atony, or deficiency.

It is to the former that Lucretius alludes, and which is by far the most common exciting cause; and where this exists, our first indication is to reduce the supcrabundant vigour by venesection, purgatives, laborious exercise, and a limitation to a plain and spare diet. While, on the contrary, where the exciting cause is debility, our attention should be directed to a tonic course of medicines, and particularly to those tonics which prove sedative at the same time that they strengthen the system. Several of the mineral acids are entitled to this character, and especially the sulphuric; and a still greater number of the vegetable bitters, and particularly the extracts of hop and lettuce. Dr. Cullen, indeed, as we have already observed, supposes a sedative power to exist in all the bitters, though not equally in all. How far the prussic acid might be usefully employed for this purpose, I cannot say from personal practice.

Our next object of attention should be to prevent all undue accumulation of the sensorial principle during sleep; and this may be accomplished in two very distinct and opposite ways. The first is the use of a hard mattress, with so small a covering of clothing that the sleep may be somewhat less sound than ordinary, and consequently more easily broken off. For the force of our dreaming ideas will always be in proportion to a certain degree of soundness in our sleep: I say, a certain degree; because, if the fatigue, or exhaustion, or torpitude, be extreme, the sleep will become profound or lethargic, all the faculties of the mind will participate in it, and, as already observed, there will be no ideas or dreaming whatever.

And hence the second mode of preventing an accumulation of sensorial, and especially of irritable power, will be the employment of narcotics till the morbid habit is destroyed; for these, when carried to a sufficient extent, diminish vascular action, and con-

Medical treat-
ment.

General prin-
ciples to be
attended to.
Irritation the
exciting cause:
which may be
entonic or
atonic.

Remedial pro-
cess, when
from entonic
irritation.

When from
atonic irri-
tation.

Treatment.

Undue accu-
mulation of
power to be
prevented.

Hence hard
mattress;

and narcotics.

* De Rer. Nat. iv. 1020.

GEN. V.
SPEC. III.
Paroniria salax.
Illustration.

sequently take off sense and motion so completely as to extinguish the vital principle altogether, and hence not only to suppress all power of dreaming, but even life itself.

I had lately under my care, for the last species, a very modest and regular young man, who was a student of Christ's College, Cambridge; and was alarmed at the idea of having his constitution undermined by its continuance. He was rapidly growing, of slender make, and of a relaxed habit. Nitre, which has been so often recommended as a sedative, in this case did no service; but, under the use of a pill, composed of one grain of opium and five of camphor, taken nightly, and draughts of myrrh, and infusion of columbo acidulated with sulphuric acid, he lost the tendency in a fortnight, after having been subject to the discharge for many weeks. His bowels were kept at the same time constantly stimulated by the pill of aloes and myrrh; and the cold bath formed a part of his regimen. Pagini and De Cazelles * have recommended electricity; but the author has never tried its effects, having uniformly succeeded without it.

Where a secondary affection, the primary disease must be principally attended to.

Where either of these species, but particularly the two former, are connected with a morbid state of the stomach, the disease must be attacked in this quarter, as it was with great judgment and a favourable issue in the case quoted from Dr. Yeates.

GENUS VI.

MÓRIA.

FATUITY.

DEFECT OR HEBETUDE OF THE UNDERSTANDING.

GEN. VI.
Origin and use of the generic term.
Employed hitherto in different significations;
with much confusion to medical nomenclature.

MÓRIA is a Greek term from *μῶρος*, "stultus, fatuus." It is here limited to its proper signification. Vogel employs it, though with a different termination (*morosis* instead of *mória*), in the same or very nearly the same sense; but he is almost the only medical writer that does so. By Nenter and Sauvages, *mória* is used to denote *melancholia complacens* (self-complacent melancholy), while by others it is employed synonymously with *anæa* or idiotism. To complete the confusion, *morosis* (*amentia morosis*) is the name given by Sauvages to mental imbecility (*mória imbecillis*), though, as already observed, he had just before used *mória* in the sense of melancholy. It is precisely in the signification now offered, that the term is employed by Erasmus, in his celebrated treatise entitled "*Moriæ Encomium*," or "The Praise of Folly," which he dedicated to Sir Thomas More.

Derivatives from the common root.

Mora, moror, morosus, morositas, are derived from this common source; and uniformly import "waywardness, tardiness, dulness, impediment;" though the lexicographers, not having hit upon the

* Journ. de Médecine, tom. lxxiv.

right path, have wandered in different directions without being able to satisfy themselves. In Sauvages and Sagar, *morositates* are in fact "*corporeæ moriæ*," defects or hebetudes of the bodily faculties.

GEN. VI.
Mória.

The preceding genera are founded upon a morbid perversion or misrule, a diminished or excessive excitement, of one or more of the powers of the mind, operating upon the mind itself or upon the body. The present is founded upon a natural or permanent dulness, or hebetude of one or more of the same powers, producing a deficiency in the understanding, which, however, may be regarded as the general frame or constitution of the mind, in the same manner as the body is the general frame or constitution of the organs, which form its separate parts. Mória, thus explained, will be found, as a genus, to embrace the two following species:—

How distinguished from the preceding genera.

1. MÓRIA IMBECILLIS.

IMBECILITY.

2. ——— DEMENS.

IRRATIONALITY.

SPECIES I.

MÓRIA IMBECILLIS.

MENTAL IMBECILITY.

THE DEFECT OR HEBETUDE PARTIAL, OR CONFINED TO PARTICULAR FACULTIES OF THE UNDERSTANDING.

GEN. VI.
SPEC. I.

General remarks.

WE have already observed, that all the faculties of the mind are as subject to a diseased disturbance as the organs of the body; and hence all them are liable to be affected by the present species. The whole of the varieties, therefore, under which mental imbecility is capable of being contemplated, might form an extensive list: but it will be sufficient to confine ourselves to the four following:—

α Stupiditas. Stupidity.	Dulness and indocility of the apprehension; torpitude and poverty of the imagination.
β Amnesia. Forgetfulness. Credulitas. Credulity.	Feebleness or failure of the memory. Weakness and undue pliancy of the judgment, with a facility of being duped.
γ Inconstantia. Fickleness.	Instability and irresolution of the will.

In STUPIDITY, there is generally a dulness in several of the faculties besides the apprehension and the imagination; and sometimes, perhaps, in all of them: but then it originates in these, and the rest are for the most part only secondarily dull, as not being furnished with a sufficient number of ideas, or in sufficient rapidity for their use. Thus the judgment of a heavy or stupid man is often as sound in itself as that of a man of capacious comprehen-

α M. imbecillis stupiditas. Generally other faculties, besides the imagination and apprehension, obtuse in this variety.

GEN. VI.

SPEC. I.

a M. imbecillis
stupiditas.

Yet the judgment often sound, though slow; and even sounder than in facetious quickness.

Explained.

Apprehension, its relation to the perception.

Difference between stupidity and ignorance.

Exemplified from Locke.

Causes of stupidity, some idiopathic affection.

Want of proper education.

Local or other disease.

Is propagable.

Illustrated.

sion; and more so, perhaps, for a reason we have already observed under *alusia facetosa*, or crack-brained wit, than that of a man of facetious quickness of parts: but the heavy man requires time and patience to collect his ideas, and compare them with each other; for they are neither furnished to him in a free current from his memory or his imagination, nor does he readily apprehend or lay hold of them as they are offered from external objects to his perception, which, in effect, is little more than a synonym for the apprehension — the apprehension being the perception in a state of exercise, or exertion. There is hence a material difference in physiology, though, perhaps, little in practice, between ignorance and stupidity. The former is want of knowledge, from want of its ordinary means; and by the use of such means may, perhaps, soon be gotten the better of: the latter is dulness in the use of such knowledge as by ordinary means has been acquired, and exists in the sensory, though in a state of stagnation or dormancy. Mr. Locke has made the same distinction, though he has justly enough observed, that, for all practical purposes, the man of stupidity had almost as well be without his knowledge as with it. "He," says this admirable writer, "who, through this default in his memory, has not the ideas that are really preserved there, ready at hand when need and occasion call for them, were almost as good be without them quite, since they serve him to little purpose. The dull man, who loses the opportunity whilst he is seeking in his mind for those ideas that should serve his turn, is not much more happy in his knowledge, than one that is perfectly ignorant. It is the business of the memory to furnish those ideas, which it has present occasion for, and in the having them ready at hand on all occasions, consists that which we call invention, fancy, and quickness of parts." *

Stupidity or dulness of apprehension may be idiopathic: but it may also proceed from want of education, or education irregularly conducted; for all the faculties of the mind, like the muscles of the body, become invigorated, and are rendered more alert, by a well disciplined exercise. And hence stupidity is a natural result of idleness; as it is more particularly of idleness in conjunction with an undue use of wine and fermented liquors, which have a proverbial power of besotting the understanding. It is also produced temporarily or habitually by various corporeal diseases; as hemicrania, chronic inflammation or dropsy of the head, gout in the head, and sometimes repelled cutaneous eruptions or habitual discharges.

Stupidity, like wit, is propagable; and hence we frequently see it run from one generation to another; and not unfrequently it forms a distinctive mark in the mental character of districts or nations: in many cases, indeed, where they border closely on each other. The Dutch have at least as much solid sense as their neighbours the French: but they are certainly less quick; or, in other words, they have a duller fancy and apprehension. Bœotia, in respect to chorography, was merely separated from Attica by Mount Cithæron; but, in respect to genius, the two countries were as far apart as the poles. So, in the Pacific Ocean, the natives

* Essay concerning Hum. Underst., b. II. ch. x. sect. 8.

of Otaheite learn every thing with facility; the natives of New South Wales have no aptitude, and learn nothing. The residence of a few missionaries amongst them for a short term of years has nearly civilised the former: the actual possession of the country for a far longer period, by a British public and a British government, with a perpetual intercourse, and the kindest encouragement, has made little or no impression upon the latter.

A FAILURE OF MEMORY, however, which forms the SECOND SPECIES of mental imbecility before us, is a far more severe evil than dulness of perception with poverty of imagination; for, as all the sources of information, to which we have been privy, cannot be always immediately before us to excite the perception, we must necessarily draw upon our recollection for those which are not so, and whose ideas or impressions we stand in need of. And hence the memory is the great storehouse of intelligence; and, in one sense at least, the Platonic doctrine is universally true, that "all knowledge is reminiscence." There are some minds in whom this faculty has been peculiarly retentive, as that of Newton, who made it answer the purpose of intuition; and of Pascal, who is said never to have forgotten, till his health failed him, any thing he had ever done, read, or thought of.

Retention of memory, however, is a different property from that of quickness. They may and often do co-exist, but they are also found separate; for there are many persons who can well catch hold of an entire song, an entire sermon, or a series of speeches in parliament, and can recite them almost, if not altogether, verbatim immediately afterwards, but who lose all recollection of them in a day or two; while there are others, who are obliged to pause over the subject submitted to them, or to have it repeated for several times before they can get it by heart, yet who, when they have once fixed it in the memory, retain it as long as they live. Mr. W. Woodfall, the celebrated reporter of the parliamentary debates, was an instance of the former of these talents, in regard to his powers of apprehension; the well-known Jedediah Buxton of the latter; though it should be remarked, that Mr. Woodfall retained with as much ease, as he first fixed, speeches in his memory.

Failure of memory takes place in a variety of ways. It is sometimes general, and extends to every subject; but it is frequently far more manifest on some subjects than on others. Salmuth mentions a case, in which the affected person had forgotten to pronounce words, but could nevertheless write them.* Mr. J. Hunter was suddenly attacked with a singular affection of this kind in December, 1789, when on a visit at the house of a friend in town. "He did not know in what part of the house he was, nor even the name of the street when told it, nor where his own house was: he had not a conception of any thing existing beyond the room he was in, and yet was perfectly conscious of the loss of memory. He was sensible of impressions of all kinds from the senses, and therefore looked out of the window, although rather dark, to see if he could be made sensible of the situation of the house. The loss of memory gradually went off, and in less than

GEN. VI.

SPEC. I.

a M. imbecillis
stupiditas.*β* M. imbecillis
amnesia.A worse evil
than stupidity.The memory
in some persons
strongly retentive.

Newton.

Pascal.

Retention of
memory, how
differs from
quickness.

Examples.

Failure of me-
mory shows
itself in various
ways.In forgetful-
ness of words,

* Cent. II. obs. 41.

GEN. VI.
SPEC. I.
β M. imbecillis
amnesia.

Forgetfulness
of family
names.

Forgetfulness
of a man's own
name.

General forget-
fulness often
produced by
fevers.

Example from
Thucydides.

Singular case
of forgetfulness
of a spoken
language, and
recovery of one
disused.

Further illus-
tration.

half an hour his memory was perfectly reeovered." * This might possibly be connected with a gouty habit, to which Mr. Hunter was subject, though not at this time labouring under a paroxysm. The late bishop of Landaff, Dr. Watson, gives a singular case of partial amnesia in his father, the result of an apoplectic attack. "I have heard him ask twenty times a day," says Dr. Watson, "What is the name of the lad that is at college?" (my elder brother); and yet he was able to repeat, without a blunder, hundreds of lines out of classic authors."† And hence, there is no reason for discrediting the story of a German statesman, a Mr. Von B., related in the seventh volume of the Psychological Magazine, who, having called at a gentleman's house, the servants of which did not know him, was under the necessity of giving in his name; but unfortunately at that moment he had forgotten it, and excited no small degree of laughter by turning round to a friend who accompanied him, and saying, with great earnestness, "Pray tell me who I am, for I cannot recollect."

From severe suffering of the head in many fevers, a great inroad is frequently made upon the memory, and it is long before the convalescent can rightly put together all the ideas of his past life. Such was one of the effects of the plague at Athens, as we learn from Thucydides: τοὺς δὲ καὶ λήθη ἐλάμβανε παραυτίκα ἀναστάντας τῶν πάντων ὁμοίως· καὶ ἠγνόησαν σφῶς τε αὐτοὺς, καὶ τοὺς ἐπιτηδείους: "and many, on recovery, still experienced such an extraordinary oblivion of all things, that they knew neither themselves nor their friends." A few years ago, a man with a brain-fever was taken into St. Thomas's Hospital, who, as he grew better, spoke to his attendants, but in a language they did not understand. A Welsh milk-woman, going by accident into the ward, heard him, answered him, and conversed with him. It was then found that the patient was by birth a Welshman, but had left his native land in his youth, forgotten his native dialect, and used English for the last thirty years. Yet, in consequence of this fever, he had now forgotten the English tongue, and suddenly recovered the Welsh.

Boerhaave, however, gives a still more extraordinary instance of oblivion in the case of a Spanish tragic author, who had composed many excellent pieces, but so completely lost his memory, in consequence of an acute fever, that he forgot not only the languages he had formerly learnt, but even the alphabet; and was hence under the necessity of beginning to read again. His own poems and compositions were shown to him, but he could not be persuaded that they were his production. Afterwards, however, he began once more to compose verses, which had so striking a resemblance to his former writings, that he at length became convinced of his being the author of them. ‡

* Sir Everard Home's Life, prefixed to his Treatise on the Blood, Inflammation, &c. 4to. 1794.

† Anecdotes of the Life of Richard Watson, D.D., Bishop of Landaff.

‡ Praelect. Acad. in Instit. Med. ex edit. Haller., tom. iv. p. 463. See also Crichton of Ment. Derangement, i. 370. Dr. Uwins considers the very condition of madness as implying some sort of forgetfulness, or forgetfulness of something, which, were memory to recall, the hallucination would be over. "Both in actual dreams, and in the day-dreams of madness, we bring together into one point of time the most extravagant *alibis*, and join in conversation with those who

The memory may also be prematurely impaired (for in age it is a natural defect)* by various other causes. Idleness or inattention will do it, as in the case of stupidity, as will also an over-exertion of the faculty, injuries of the head, rheumatic or gouty pains in it, dyspeptic maladies, various narcotic poisons, prostrating hemorrhages, or want of food, and libidinous indulgence. †

Dependent upon this last cause, Sir Alexander Crichton has given a single example of what may be called perverse oblivion in an old attorney, nearly seventy years of age, who, though married to a lady much younger than himself, kept a mistress, whom he visited every night. He was suddenly seized with great prostration of strength, giddiness, and forgetfulness; but the last was of a peculiar kind, and consisted in the mistaking the name of one thing for that of another; so that, if he wanted bread, he would ask for his boots, and, though enraged at the latter being brought to him, he would still call out for his boots or shoes. In like manner, if he wanted a tumbler to drink out of, it was a thousand to one but he would call for the ordinary chamber utensil, or, if this were wanted, he would call for a tumbler or a dish. This gentleman, however, was cured of the complaint by large doses of valerian and other cardiacs.

In CREDULITY, constituting the THIRD VARIETY of the imbecility before us, the faculty of the judgment is the chief seat of disorder. It is unquestionably more generally to be found among ignorant people, than those whose minds are well stored with the elements of knowledge; but, as we also frequently perceive among the former a most obstinate and wilful incredulity, and among the latter extraordinary proofs of the present failing, it cannot be regarded as altogether an effect of a general want of ideas: it is in reality a hebetude or indolence of the judgment or power of ratiocination, which induces a man to take things upon trust, and allow others to think for him, not for want of ideas, but for want of comparing one idea with another, those of probability with those of improbability, and fairly striking the balance; in consequence of which, under the influence of this mental oscitancy, he readily yields himself, body and soul, to the opinions of others, and follows such opinions blindfold: as those, who shut their eyes, must be led by those who see, or else fall into the ditch.

have paid nature's great debt many years before. The portions of the brain implicated, if they tell us nothing but the truth, but, at the same time, do not tell us the whole truth, lead to all these misconceptions as to time, and place, and circumstance. *How* they do this, and *how* they leave that undone, constitutes the great and still unsolved problem in mental philosophy." Uwins on Mental Disorders, p. 44. — En.

* The impairment produced by age is not so much insanity as imbecility or fatuity: the memory fails, but it only fails with the other mental powers. "Musicians have told me," says Dr. Conolly, "that as they became old, they found they could not play the music learnt in later years, without having the music before them, but could still go through long compositions learnt in early life, without the book, and without the mistake of a note. The susceptibility to sensations and emotions is diminished; the attention is less excited by them; they make a weak and fading impression on the memory. Those things, which yet excite more attention, are better remembered, even in old age. Old men, Cicero remarks (*De Senect.*), do not commonly forget where they have deposited their money." See Enquiries concerning the Indications of Insanity, p. 282. — En.

† Dissert. de Memoriae Laesione ex nimis Vener. Usu. Alt. 1695.

GEN. VI.

SPEC. I.

β M. imbecillis
amnesia.

Impaired by
numerous
causes.

Singular in-
stance from
libidinous
indulgence.

γ M. imbecillis
credulitas.

Found both
among the ig-
norant and
well informed,
but chiefly
among the
former.

Among the
latter a volun-
tary evil.

GEN. VI.

SPEC. I.

γ M. imbecillis
credulitas.

From being
voluntary, may
become a
chronic dis-
ease.

More generally
idiopathic.

This is voluntary credulity ; yet many have been so long accustomed to it, that it has all the effect of a chronic disease, and is as difficult of cure as the most obstinate. There are some men, however, whose judgment is more morbidly dull by nature, than from inactivity or a neglected education ; or may possibly have been rendered so by intemperance ; who are deficient in natural skill to use the evidence they possess of probabilities : and being incapable of carrying on a train of consequences in their heads, and of weighing exactly the preponderance of contrary proofs and testimonies, are easily misled, and rendered the dupes of every plausible sophist, and the playthings of every impostor. "There are some men," says Mr. Locke, "of one, some but of two syllogisms, and no more ; and others that can but advance one step further. These cannot always discern that side, on which the strongest proofs lie ; cannot constantly follow that, which in itself is the more probable opinion." *

δ M. imbecillis
inconstantia.

Ordinary
cause.

Elucidation.

There is another imbecility we have noticed, as strangely interfering with the integrity of the understanding ; and that is FICKLENESS, or an instability and irresolution of the will. The faculty of the will requires not only to be directed aright in infant life, but to be fortified and strengthened by a course of exercise and discipline as much as any faculty whatever. This we may say as physiologists ; but as moralists we may speak a bolder language, and maintain, that it demands the spur and trammels of education even more than all the other faculties put together, since it is designed by nature to be the governing power, and to exercise an absolute sway over the rest, even over the desire itself, by which, however, it is moved in all ordinary cases.

A child, whose inclinations have never been reined in, is perpetually letting the will and the desire run together, and changing both every moment ; and if this disposition be suffered to grow into a habit, it will produce the fickleness of which we are now speaking, and form a character on which there can be no reliance ; whose determination of to-morrow cannot be known from that of to-day : because the will itself, void of all firmness or resolution, is the sport of every transient incident, every interposing uneasiness or pleasure ; and which hence becomes its own torment still more than the torment of those around it ; since, being ever instigated by the feelings of the moment, and sacrificing the future to the present, it often purchases a fleeting gratification, and of subordinate value, at an expense of permanent and substantial happiness.

Remedial pro-
cess for the dis-
eases of Mória
imbecillis, or
imbecility.

Medical.

Moral.

Upon the REMEDIAL PROCESS for the mental infirmities which appertain to this species, little is to be said in a work of medical instruction. So far as they relate to corporeal causes, and we have pointed out various causes of this kind applicable to several of them, those causes should be minutely enquired into, and, as far as possible, removed or palliated ; and whatever will tend to invigorate the entire frame, as the metallic tonics, regularity of diet, sleep, exercise, and, above all, cold bathing, must supply the rest. To the arms of mental and moral instruction, however, the sickly understanding must be chiefly intrusted ; and, where these are properly applied, the mind may often be rendered sufficiently

* Human Understand., book iv. ch. xix. § 5.

sound for all the ordinary purposes of life, and even for some of its elegancies; though it may never be distinguished for terseness, brilliancy, or comprehension. The leading aim should be to lay hold of the strongest faculty, and to make the direct cultivation of this an indirect cultivation of the rest.

GEN. VI.
SPEC. I.
§ M. imbecillis
inconstantia.

SPECIES II.

MÓRIA DEMENS.

WITLESSNESS. IRRATIONALITY.

DEFECT OR HEBETUDE OF ALL THE FACULTIES OF THE UNDER- STANDING.

OF this species we have three varieties that seem to require a distinct notice:—

GEN. VI.
SPEC. II.

α Stultitia.
Silliness. Folly.

Shallow knowledge, vacant countenance, light frivolous fancy: for the most part with good nature; sometimes with obstinacy.

β Lerema.
Dotage. Superannuation.

Impotence of body as well as of mind, from premature old age; childish desires and pursuits; drawling speech or garrulous babble, composed of ideas for the most part associated by previous habit.

γ Anœa.
Idiotism.

General obliteration of the mental powers and affections; paucity or destitution of ideas; obtuse sensibility; vacant countenance; imperfect or broken articulation; with occasionally transient and unmeaning gusts of passion.

The difference between the understanding of some men and that of others is extreme; yet it is not every minute variation from the standard of soundness that constitutes a disease, whether in mind or body: but as soon as, in either case, such variation becomes a marked or serious evil, it is entitled to this name; and, in the subject before us, falls within the range of the FIRST of the preceding varieties.

This, which is what we ordinarily denominate SILLINESS, is generally a natural infirmity, and in some families appears to be hereditary. A well directed education, however, may do much, as there is commonly some faculty that will bear cultivating better than the rest, and which points to the particular line to which the

α M. demens
stultitia.
Generally a
natural infirmity: often
capable of pal-

GEN. VI.

SPEC. II.

α M. demens
stultitia.

liation by judi-
cious manage-
ment.

β M. demens
lerema.

Causes.

Description.

Further illus-
trated from
Pinel.

γ M. demens
anoæa.

Often from
morbid struc-
ture of the
cranium.

At other times
from internal
causes.

study of the individual should be especially addressed, and in which he may appear respectable. He may have imitative powers, and make a good painter or engraver, though he may not have creative powers, and make a good orator or poet. He may be fond of arithmetic, and fitted for trade and accounts, though he may not possess a taste for scientific subtleties, or be well calculated for any one of the professions.

DOTAGE, when a mere result of old age, is hardly to be regarded as a disease, and is rarely accompanied by any effervescence of the passions. But it often appears prematurely*, and is especially accelerated by excessive indulgence in corporeal pleasures; sometimes by violent mental emotion, as anger, or by long continued grief. Under the two former of these causes, there is often combined with it an incessant garrulity, a very high degree of passionate but unmeaning effervescence, and puerile mobility. M. Pinel gives a striking example of this in a person, whom he had frequently an opportunity of seeing. "His motions," says he, "his ideas, his broken sentences, his confused and momentary glimpses of mental feeling, appeared to present a perfect image of chaos. He came up to me, looked at me, and overwhelmed me with a torrent of words without order or connection. In a moment he turned to another person, whom, in rotation, he deafened with his unmeaning babble, or threatened with an evanescent look of anger; but as incapable of determined and continued excitement of the feelings as of a just connection of ideas, his emotions were the effect of a momentary effervescence, which was immediately succeeded by a calm. If he went into a room, he quickly displaced or overturned the furniture, without manifesting any direct intention. Scarcely could one look off before he would be at a considerable distance, exercising his versatile fondness for bustle in some other way. He was quiet only when food was presented to him. Even at night he rested but for a few moments." A strong desire of food, however, is by no means common under this species: it is perhaps most frequently met with in the dotage of old age; but, in premature lerema, we often find the appetite entirely banished, and a resistance to food of all kinds when offered.

IDIOTISM, the THIRD VARIETY, is often the result, as we have already observed, of an original misformation of the cranium, sometimes in respect to thickness, more frequently in respect to shape; by both which the internal cavity, and consequently the capacity of the brain, are unduly diminished.

The internal causes are habitual inebriety, excessive and enervating pleasures, violent agitation of the passions, whether pleasurable or painful, as overwhelming joy, startling terror, deep and

* Much difference is observed in different individuals, with respect to the period of life at which the mental faculties acquire their ultimate degree of power, and at which they begin to decline. Some men attain that prudence at twenty which others, with equal advantages of precept and example, do not acquire in less than ten years after that age. If the youthful temperament remains beyond the age of thirty-five, Dr. Conolly believes that the mind never acquires much intellectual power. In some instances, the mind, after displaying considerable powers, has seemed to become exhausted soon after forty; while in others of a more agreeable nature, minds of ordinary power have risen into greatness, or superior minds have preserved it long after that period. See Dr. Conolly's Enquiry into the Indications of Insanity, pp. 271—276. — Ed.

protracted grief, or furious anger : tumours within the cavity of the cranium ; apoplectic attacks ; injury of the brain from external violence ; injudicious management in ecphronia ; and especially an excessive use of the lancet.

Idiotism, however, is more frequently congenital than accidental ; and it is melancholy to think, that it is also sometimes hereditary. Of those who are idiots from birth, many, moreover, are sooner or later afflicted with palsy or epilepsy, or both ; a clear proof of the existence of some organic affection of the brain or nerves : the former being sometimes partial, and confined to the face only, or extending down one of the sides. Idiots rarely attain old age ; they seldom exceed the term of thirty years ; and when paralysis or epilepsy is concomitant, they usually die at a much earlier period.

In idiotism, the ideas of sensation and of reflection appear to be equally inaccurate. There is a vague, unsteady, wandering eye, seldom fixed for any length of time upon one determinate object ; a stupid expression of countenance, in which no sign of intelligence is portrayed ; a gaping mouth, from which the saliva flows constantly ; a perpetual rolling and tossing of the head ; no memory, no language, no reason. The idiot has all the animal instincts, and some of the passions. Of the last, joy, fear, and anger are those with which he is most frequently affected ; but these are of a very limited kind. His joy is unmeaning mirth ; his fear a transient qualm ; his anger a momentary fit of violence. The toys of children, and the gratification of hunger and thirst, are his only pleasures : bodily pain, or fear of bodily pain, his only distresses. It is said, that idiots have sometimes shown a strong sexual appetite ; but this is not common, for they rarely seem to attend to any distinction of sex.*

The treatment, where medical assistance can be of any use, must chiefly depend upon the nature of the case. Blistering and internal stimulants to increase the action of the nervous system, and augment the habitual torpitude of the abdominal viscera, which are usually affected in this malady, offer the fairest chance of advantage. Accidental commotion of the brain, an occasional cause, has occasionally also proved serviceable, as has likewise a fracture of the cranium. Hence, too, fevers have relieved the disease ; and active paroxysms of mania have proved a complete cure ; and I once knew a cure effected in a lad, who fell from the first floor of a house into the street ; the torpitude or obstruction, or whatever was the cause, being hereby removed.

GEN. VI.
SPEC. II.
γ M. demens
anœa.

More frequently congenital.

Often united with palsy or epilepsy.

Description.

Treatment.

* Crichton, of Mental Derangement, i. p. 314.

CLASS IV.
NEUROTICA.

ORDER II.
ÆSTHETICA.

DISEASES AFFECTING THE SENSATION.

DULNESS, DEPRAVATION, OR ABOLITION OF ONE OR MORE OF
THE ORGANS OF CORPOREAL SENSE.

CLASS IV.
ORDER II.
Various signi-
fications of the
ordinal term
and its com-
pounds.
How used, by
Galen :
by Isocrates :

by Young :

Sauvages, and
Sagar.

Where one
sense deficient,
others often
peculiarly
vigorous.

ÆSTHETICA is derived from αἰσθάνομαι, “sentio, et, propriè, sensû corporis.” The term applies, however, to all the external senses, and, in the language of Galen, peculiarly expresses ἡ αἰσθητικὴ δύναμις, “the power or faculty of sensation.” It must also be admitted, that it is occasionally applied to mental sensation, as in Isoerates to Demonieus, οὕτω τὴν ἐκείνων γνώμην αἰσθήσῃ, “thus will you *feel* their mind or inclination.”

The term has hence been used in different significations by different medical writers. It has seldom, indeed, been applied to the mind, but has strangely varied between expressing sensation generally, and the sense of touch alone. In Dr. Young’s excellent volume on Medical Literature, it runs for the most part parallel with its meaning in the present work, and imports diseased action of all the corporeal senses ; but, with this appropriation of the term, there seems to be an incorrectness in applying it, as the same author does immediately afterwards, to *defective memory*, which he names *dysæsthesia interna*, and ranks in the same list or genus with defect of the external senses. Sauvages, and, after him, Sagar and Cullen, have applied *dysæsthesiæ* to a morbid state of the corporeal senses generally ; whence *anæsthesiæ* should, in their hands, have expressed atony, or total inactivity of these senses generally. But, while *dysæsthesiæ* extends to all the senses, *anæsthesiæ* is by the same writers limited to the single sense of touch ; with no small perplexity to the young student.

In the Physiological Proëm to the present class, we have taken so full a survey of the connection which exists between the brain and the corporeal senses, by means of the nerves, that it is not necessary to say more upon the subject at present ; and I shall only therefore further observe, in these preliminary remarks, that where one of the senses is deficient, and especially where naturally deficient, the rest have very frequently been found in a more than ordinary degree of vigour and acuteness ; as though the sensorial power were primarily derived from a common source, and the pro-

portion belonging to the organ, whose outlet is invalid, were distributed among the other organs.*

The genera, under the order before us, are taken in a regular series from the corporeal senses themselves in a state of morbid action, and are in number six: of which the first five are derived from the five external senses, and the last from a diseased state of particular branches of the nerves distributed over the frame generally, for the common and pleasurable feeling of health in the different organs through which they are dispersed.

I. PAROPSIS.	MORBID SIGHT.
II. PARACUSIS.	———— HEARING.
III. PAROSMIS.	———— SMELL.
IV. PARAGUSIS.	———— TASTE.
V. PARAPSI.	———— TOUCH.
VI. NEURALGIA.	NERVE-ACHE.

CLASS IV.

ORDER II.

Æsthetica.

Order of the
ensuing genera.

GENUS I.

PAROPSIS.

MORBID SIGHT.

SENSE OF SIGHT VITIATED OR LOST.

PAROPSIS is literally "diseased or depraved vision," from *παρὰ*, *male*, and *ὄψις*, *visus*; as paracusis, "diseased or depraved hearing," from *παρὰ*, and *ἀκουή*.

The ophthalmic monographists, by making every variety of affection a distinct disease, have most unmercifully enlarged the list under this genus.† To say nothing of Campiani, Taylor has in this manner mustered them at two hundred and forty-three‡, while Plenck has contrived to multiply them to nearly six hundred.§ Upon a comprehensive view of the subject, it will, I think, be found, that this formidable number may be reduced to the twelve species following:—

* Trinehusius, De Cæcis, sapientiâ ac eruditione, claris mirisque cæcorum quorundam actionibus. Geræ, 1672. Meekren. Observ. Med. Chir., cap. xx. Whether the principle adverted to in the text be true, or not, the editor will not undertake to say; but it is more certain that another principle is generally concerned, resolvable into habit or practice. Thus, a blind man, whose eyes cannot apprise him of danger, or convey to him any kind of information, is habitually all attention with his ears; just as the organ of touch, in a deaf and dumb person, is, from necessity, continually exerted, and brought by habit to acquire a nice power of feeling and discrimination, far superior to what is enjoyed by the generality of mankind. — En.

† Campiani, Ragionamenti sopra tutti i Mali degli Ocelli descritti, &c. Genoa, 1759.

‡ Catalogue of two hundred and forty-three Diseases of the Eyes. Edin. fol. 1749.

§ Doctrina de Morbis Oculorum. 8vo. Vienna, 1783, 2d edit.

GEN. I.

Origin of the
generic term.Diseases of the
eyes unneces-
sarily multi-
plied.

GEN. I.
Paropsis.

1. PAROPSIS LUCIFUGA.	NIGHT-SIGHT.
2. ————— NOCTIFUGA.	DAY-SIGHT.
3. ————— LONGINQUA.	LONG-SIGHT.
4. ————— PROPINQUA.	SHORT-SIGHT.
5. ————— LATERALIS.	SKUE-SIGHT.
6. ————— ILLUSORIA.	FALSE-SIGHT.
7. ————— CALIGO.	OPAQUE CORNEA.
8. ————— GLAUCOSIS.	HUMORAL OPACITY.
9. ————— CATARACTA.	CATARACT.
10. ————— SYNZESIS.	CLOSED PUPIL.
11. ————— AMAUROSIS.	DROP SERENE.
12. ————— STRABISMUS.	SQUINTING.

Brief survey of
their general
nature, as dis-
tinct from sur-
gical practice.

Most of these fall rather within the province of the ophthalmic surgeon, than that of the physician; but, as their general nature ought to be known to every practitioner, we shall proceed to give a glance at each of them in their order. The maladies of the eye dependent on inflammation, and constituting ophthalmia, have been already treated of in Class III. Order II. HÆMATICA PHLOGOTICA.

SPECIES I.

PAROPSIS LUCIFUGA.

NIGHT-SIGHT.

VISION PAINFULLY ACUTE IN A STRONG LIGHT; BUT CLEAR AND PLEASANT IN A DEEP SHADE, OR THE DUSK OF THE EVENING.

GEN. I.
SPEC. I.

Specific name
justified, as
being a new
term.

Confusion arising from the former names nyctalopia and hemeralopia.

Illustrated.

THE specific term *lucifuga* is so distinct as at once to point out the general nature of the affection, while constituting a very prominent symptom. The author, however, has found a necessity for introducing this new name, not more from its own clearness, than from the confusion which has taken place among earlier writers in distinguishing the disease by two directly opposite terms, nyctalopia and hemeralopia, according as these terms have been used in a literal or a technical and implied sense. The Greeks called it by the former name, literally *night-sight*, in consequence of the person labouring under it being only able to see at night, or in a deep shade; while *nyctalopia* has been used by most modern writers in the opposite sense of *night-sight-ache*, agreeably to the technical or implied meaning of *opia* when employed pathologically; in which case it always imports diseased vision, as though a contraction of the term paropia or paropsis: whence nyctalopia has necessarily been made to import *day-sight* instead of *night-sight*, or that imperfection of vision in which the eye can only see in the day, or whenever there is a strong light. And hence hemeralopia, the opposite to nyctalopia, has been used, with the same confusion and contradiction of signification; by the Greeks importing *day-sight*, being taken naturally or literally; by the moderns *day-sight-ache*, and consequently *night-sight*, being taken technically or by implication; and hence Sauvages, “Græcis hemeralopia; neotericis

nyctalopia." It is the *luscitas* of Beer*; the *day-blindness* of various other writers.

The disease is dependent upon a peculiar irritability of the retina, produced by two very different causes: a sudden exposure to a stronger light than the eye has been wont to sustain; and a deficiency of the black pigment which lines the choroid tunic. If the iris be weak and torpid, it is enlarged; if strong and contractile, diminished.

From the first cause, this disease is common to those who live almost constantly in dark caverns or chambers, as mines, dungeons, or dark prisons, or who have recently had a cataract depressed or extracted, the growth of which has still more effectually excluded the light from the retina. And, in all these cases, we find it accompanied with a perpetual nictitation, from the sympathy which prevails between the retina and the orbicular muscles of the palpebræ.

Ramazzini asserts, that this complaint is common to the peasants of Italy who are employed in agriculture; but in whom he is able to trace no other peculiarity than a considerable enlargement of the pupil. † It is not difficult, perhaps, to assign a reason for such an affection among these people, though Ramazzini is silent upon the subject. The sky of Italy is peculiarly bright, its atmosphere particularly clear, and its temperature relaxingly warm. The peasants of Italy, therefore, are exposed to the joint operation of almost every cause that can produce habitual debility in the iris, and irritability in the retina. And we find these causes acting with renewed power at the time when the disease chiefly makes its attack, which we are told is on the return of spring, or rather at the vernal equinox, when a double flood of day breaks on them. And such is the dimness it produces, that the peasants lose their way in the fields in the glare of noon; but, on the approach of night, they are again able to see distinctly. It is hence necessary for them to keep for some weeks in the shade, or in comparative darkness, till the eyes recover their proper tone; and the weakness, and consequently the disease, subsides. And hence Ramazzini tells us, that, in the course of the succeeding month, or, in other words, after they have taken due care of themselves, the peasants recover their sight. The glare of the sun, in tropical regions, and especially where reflected from bright chalk-hills, has often produced the same effect.

A deficiency of the black pigment is occasionally found in persons of a fair complexion and light hair; and, as the retina is hereby deprived of the natural shade that softens the light in its descent upon this very sensible membrane, its morbid irritability is not to be wondered at. Albinoes, who are without the common pigment that lies between the cuticle and cutis in other persons, are always deficient in this also: and hence are painfully sensible to light. Indeed, they are hardly able to open their eyes in a strong sunshine; they contract their brows, and keep the eyelids nearly closed during the day; but, no sooner does twilight come, than they are able to see quite distinctly. In old persons, the same deficiency of black pigment is sometimes traced, but without painful vision; for, at this

GEN. I.
SPEC. I.

Paropsis
lucifuga.

Luscitas of
Beer.

Exposure to
too strong a
light a cause:
and why.

Perpetual nic-
titation.

Frequent
among Italian
peasants.

Explained.

Effects.

How removed.

Produced by
an intense
glare.

Deficiency of
black pigment
a cause: and
why.

Hence com-
mon to Albi-
noes.

Sometimes
found in old
age.

* Lehre von der Augenkrankheiten, als Leitfaden zu seinen öffentlichen Vorlesungen entworfen. Zwey bände, 8vo. Wien, 1817.

† De Morbis Artificum, &c.

GEN. I.

SPEC. I.

Paropsis
lucifuga.Constitutes the
wall-eye in
horses.Certain states
of the eye, in
which a strong
light hinders
vision.Natural to
quadrupeds
that prowl at
night.Treatment
when from
accidental
causes,
when from
defective pig-
ment.

time of life, the optic nerve is become more obtuse. In horses, this want of pigment constitutes what is called a *wall-eye*.

[There are many states of the organ in which vision is very imperfect, even to blindness, in the strong light of the day; and much better sight is enjoyed in twilight and the dusk; but Mr. Lawrence has never seen such a state as an amaurotic affection, or what is here called *night-sight*, dependent on disease of the retina, or optic nerve. In central leucoma of the cornea, in incipient opacity of the lens, in partial central opacity of the capsule, in contractions of the pupil from prolapsus iridis, or adhesion of the pupillary margin, connected with either of the former circumstances, the patient will see best in a weak light, and find vision very imperfect in a strong glare. The enlargement of the pupil in the former, and its contraction in the latter state, sufficiently account for this difference. On the same ground, sight is much improved in some of these circumstances by the use of belladonna. In strumous ophthalmia, the intolerance of light often amounts to blindness during the day; the symptoms remitting in the evening, at which period the eyes are opened, and the patient sees well. Unnatural sensibility to light is the form, which sympathetic affection of the retina sometimes assumes.*]

Acuteness of night-vision is natural to various animals that prowl in the dark: as cats, lynxes, lions, and perhaps all the feline genus; which save their eyes from the pain produced by broad day-light, by a closer contraction of their pupils than mankind are able to effect; expanding them gradually as the night shuts in, till, by the extent of the expansion, they are able to see much better than mankind in the dark. Owls, bats, cock-roaches, moths, sphinxes, and many other insects, have a similar power.

Where the disease proceeds from an accidental irritability of the retina, sedative applications, as the tincture of belladonna; and internal sedatives, as hyoscyamus and conium, have often proved serviceable, and the more so when combined with the bark. In old age, or an early deficiency of the black pigment that covers the choroid tunic, medicine has very little chance of success, and all we can hope for is to afford occasional relief by palliatives, if the irritation be violent, or accompanied with inflammatory symptoms.

SPECIES II.

PAROPSIS NOCTIFUGA.

DAY-SIGHT.

VISION DULL AND CONFUSED IN THE DARK: BUT CLEAR AND POWERFUL IN BROAD DAY-LIGHT.

GEN. I.

SPEC. II.

Endemic in
various regions.

THIS species, the nyctalopia of neoteric authors, or night-blindness, is said to be endemic in Poland, the West Indies, Brazils, and the intertropical regions generally.† Its cause is precisely the reverse

* See a Treatise on the Diseases of the Eye, by Wm. Lawrence, p. 570. 8vo. Lond. 1833.

† Hautesierck, Recueil d'Observations de Médecine, i. ii.

of that of the preceding species, and proceeds from too great, instead of too small, an habitual exposure to light, whence the retina becomes torpid, and requires a strong stimulus to raise it. At noon-tide, therefore, it is sensible to the impressions of objects; but does not clearly discern them in the shade, or towards the close of day. [Hence, the present complaint is rarely met with, except in climates or situations where the light is very powerful. Between the tropics, as Mr. Lawrence observes, the full glare of a vertical sun in an unclouded sky, and the strong reflection of the solar rays from the sea, or from a sandy soil, produce an excitement of the retina, to which we are wholly unaccustomed in our latitudes; although, in some parts of Europe, analogous influences exist in a sufficient degree to cause the affection. Europeans in the West Indies, and particularly soldiers and sailors, who are much exposed to the sun, often have the complaint. In all the cases which Mr. Lawrence has seen, the disease commenced in the East or West Indies, and was brought to England.]

In the commencement, the person can see by moonlight, or when the room is lighted by a candle; but, as the disorder proceeds, he can see nothing after sunset; and, in the morning, vision returns. There is no change of appearance in the eye, and, of course, if the patient can see perfectly during the day, the organ can have undergone no important change. At first, a slight increase of irritability is remarked; but, as the disorder increases, the pupil becomes rather dilated, and the case is alleged to terminate sometimes in amaurosis. The feeble light of night and twilight does not impress the retina, after it has been so strongly excited in the day, sufficiently for perfect vision.*]

Day-sight is said to be endemic in some parts of France †; and particularly in the neighbourhood of Roche Guyon, on the banks of the Seine. And so general is its spread there, that in one village, we are told, it affects one in twenty of the inhabitants; and in another, one in ten, every year. It makes its attack in the spring, and continues for three months: sometimes, though in a slighter degree, returning in the autumn; and there are individuals who have had annual returns of the complaint for twenty years in succession. It passes off, after having run its course, or rather, perhaps, after having been treated with due medical attention, without any inconvenience, excepting a weakness in a few eyes that renders them impatient of wind and strong light. The soil is here a dazzling chalk, and the keenness of the first reflected light, after the dreariness of the winter, is probably one cause of so general an evil. [According to M. de Hautesierck, the disorder at one time prevailed extensively among some French troops stationed in Belle-isle, under a combination of local peculiarities, calculated to act powerfully on the retina, and at a season of the year favourable to their influence. ‡] Perhaps, however, there is no part of the world in which this disease is found more commonly, or more decidedly, than in Russia: but then it is rarely found except in the Russian summer, when the eye is exposed, almost without intermission, to the constant action of light, as the sun dips but little

GEN. I.
SPEC. II.
Paropsis nocti-
fuga.
Ordinary
cause.

Diagnosis.

Peculiarly
frequent in
some parts of
France:
often returning
periodically.

Explained.

Still more
commonly at
times in
Russia.

* See Lawrence's Treatise on the Diseases of the Eye, p. 569.

† Mém. de la Société Royale de Méd. 1786.

‡ Recueil d'Obs. de Méd. des Hôpitaux Militaires.

GEN. I.
SPEC. II.
Paropsis nocti-
fuga.
At what
season.
Easily cured.
Instance of its
having nearly
led to exten-
sive and serious
mischief.

below the horizon, and there is scarcely any interval of darkness. The malady, again, mostly makes its appearance at this time among the peasants, who protract their hard labour in the fields from a very early to a very late hour; and at the same time exhaust and weaken themselves by their daily fatigue. The sight is soon restored by rest, a proper shade, and bathing the eyes with an infusion of any bitter and astringent vegetable. Dr. Guthrie, in the Memoirs of the Medical Society of London, from which this account has been taken, gives also an example of the disease having appeared suddenly, a few springs before, in a detachment of Russian soldiers; who, being ordered to attack a Swedish post, at the moment of its incursion had nearly destroyed one another by mistake. These men had been harassed by long marches, and been exposed night and day to the piercing glare of an uninterrupted scene of snowy mountains; both which causes had concurred in producing this effect.

Amongst hens
a natural de-
fect: whence
called hen-
blindness.

Sir Gilbert Blane has found it occasionally occur in scorbutic patients; but no such disease appeared in the Russian soldiery. Hens are well known to labour under this defect naturally; and hence they cannot see to pick up small grains in the dusk of the evening, and so employ this time in going to roost: on which account the disease is sometimes called *hen-blindness*.

Prognosis.

[All practitioners, who have had opportunities of witnessing this disorder, concur in delivering a favourable prognosis. When it is recollected that Mr. Bampffield *, a naval surgeon, saw in the East Indies about three hundred cases, and that they were all easily cured, without any permanent injury of sight, no doubt can be entertained of the generally favourable result of proper treatment, in which the avoidance of the cause of the affection is one of the most important things to be observed.]

Curative pro-
cess.

Tonics and gentle stimulants have been much recommended. The bark may be freely employed internally, and blisters externally, with the vapour of camphor, ether, or carbonated ammonia; and a few drops of the tincture of opium, the citrine ointment, or a minute portion of prussiate of iron, also in the form of an ointment, occasionally applied to the ball of the eye. In most of the endemic cases, it seems to be an intermittent, as the preceding species appears to be occasionally; and, in such circumstances, a free use of the bark used to be the plan chiefly depended upon. [Of late years, however, in consequence of the great and decided success with which Mr. Bampffield cured every case, by means of blisters on the temples, and aperient medicines, this practice is now generally preferred. With it, Mr. Lawrence has occasionally associated cupping from the temples, or nape of the neck.]

When endemic,
mostly inter-
mittent.

Blisters and
aperients.

Sight some-
times acute and
vivid.

When the sight is once stimulated by the full light of the day, it occasionally becomes peculiarly acute and vivid. Plenck asserts, that he has known some men, labouring under this disease, evince so high an excitement of vision as to be able to distinguish the stars at noon.

Exemplified.

Singular case
of periodical
day-sight.

Dr. Heberden has communicated a singular case of this species, which it will be best to give in his own words.† “A man, about thirty years old, had, in the spring, a tertian fever, for which

* See Med. Chir. Trans., vol. v.

† Medical Transactions, vol. I.

he took too small a quantity of bark, so that the returns of it were weakened without being entirely removed. He therefore went into the cold bath; and, after bathing twice, he felt no more of his fever. Three days after this last fit, being then employed on board of a ship in the river, he observed, at sun-setting, that all objects began to look blue, which blueness gradually thickened into a cloud; and not long after he became so blind as hardly to perceive the light of a candle. The next morning, about sun-rising, his sight was restored as perfectly as ever. When the next night came on, he lost his sight again in the same manner; and this continued for twelve days and nights. He then came ashore, where the disorder of his eyes gradually abated, and in three days was entirely gone. A month after he went on board another ship, and after three days' stay in it, the night-blindness returned as before, and lasted all the time of his remaining in the ship, which was nine nights. He then left the ship, and his blindness did not return while he was upon land. Some little time afterwards, he went into another ship, in which he continued for ten days, during which time the blindness returned only two nights, and never afterwards."

GEN. I.
SPEC. II.
Paropsis nocti-
fuga.

I have observed, that *nyctalopia noctifuga* is often an intermittent affection. In the present case, it was distinctly of this nature, and evinced a decided quotidian type. We are not acquainted with the exciting cause of this intermittent; but we know, that, when once a circuit of action has been established in a weakened and irritable habit, it adheres to the system with almost invincible tenacity, and is recalled with the utmost facility upon a repetition of such a cause. And hence the uniform return of the affection on ship-board, where it commenced, till a cure was obtained.

Explained.

SPECIES III.

PAROPSIS LONGINQUA.

LONG SIGHT.

VISION ONLY ACCURATE WHEN THE OBJECT IS FAR OFF.

THIS is the *dysopia proximorum* of Cullen, the *vue longue* of the French.

In both the preceding species the morbid affection seems chiefly to appertain to the retina; in the present species, it belongs chiefly to the iris, which is habitually dilated, and not easily stimulated to a contractile action. "For it is well known," observes Dr. Wells, "to those who are conversant with the facts relating to human vision, that the eye in its relaxed state is fitted for distant objects, and that the seeing of near objects accurately is dependent upon muscular exertion."

The species offers three varieties, as follow:—

GEN. I.
SPEC. III.
Seat of affection chiefly the iris, as that of the preceding two is the retina.

GEN. I.
SPEC. III.

- α Vulgaris.
Common long-sight.
- β Paretica.
Unalterable long-sight.
- γ Senectutis.
Long-sight of age.

Iris relaxed, but moveable; cornea mostly too flat.
Iris incontractile, pupil unchangeable, from partial paralysis.
Cornea less convex; relaxation and hebetude common to all the powers of the eye.

α P. longinqua
vulgaris.

Certain conditions of the transparent media essential to perfect vision.

THE FIRST VARIETY is common to every period of life, in which the iris is affected with an habitual relaxation. [The truth of the foregoing statement, that long sight is dependent on the state of the iris, is not very manifest. No doubt, the pupil is often large; but, it may be questioned, whether this may not be only an effect of the infirmity; for nothing is more certainly established, than that this defect of vision, as well as the opposite one, called short-sight, is principally occasioned by a peculiarity in the refractive powers of the eye. In long-sighted persons, the rays of light are not collected in the proper place, the focus in which they would meet being behind the retina. Like short sight, it is, as Mr. Lawrence has observed in his Lectures, "merely consequent upon some circumstances in the transparent media of the eye, which, in all other respects, is perfectly natural. Now, the eye, being in a great part of its functions a mechanical instrument, must be subjected to mechanical laws; and we find, that a given configuration of the transparent media, a certain relation of them to each other, and their position at a determinate distance from the retina, are necessary to the formation of a distinct picture upon that nervous expansion. There is a certain distance from the eye, which is called the point of distinct vision, at which we can see objects in all their details with perfect clearness. Every eye, considered as an optical instrument, has its point of distinct vision. The latter, therefore, varies in different persons, and is generally different in the two eyes of the same individual. Objects are not so distinctly seen, when moved nearer to, or further from, the eye than this point. In ordinary well-constructed eyes, the distance ranges from fifteen to twenty inches." Too flat a configuration of the cornea, or crystalline lens; too little distance between the retina and the lens; or too weak a refraction of the rays of light, from insufficient density of the humours and transparent media; total loss of the crystalline lens by operations for cataract; may be so many causes of long sight. It has been remarked by Mr. Wardrop, that, when people advance in life, the cornea gradually loses its convexity, perhaps from the humours of the eye being diminished. The change, however, is not absolutely restricted to old persons; for the same writer speaks of a girl, eight years of age, the cornea of whose eyes was observed to be remarkably flat, and her vision very imperfect from her infancy. In subjects much enfeebled by considerable evacuations, by numerous bleedings, or by disease, the quantity of the aqueous humour diminishes, the convexity of the cornea is lessened, and they can only see objects at a distance.* The ingenious experiments of Sir Everard Home, and the late Mr. Ramsden, recorded in the Philosophical Transactions, prove, how-

* See Wardrop's Essays on the Morbid Anatomy of the Human Eye, p. 115. Portal, Anatomie Médicale.

ever, that the sphericity of the cornea is altered according to the distance at which objects are viewed. Hence, an impairment of this power of accommodation in the eye may sometimes be concerned in the present infirmity, as well as in the opposite one of near sight. In the present, the faculty, which the eye has of adapting itself to near objects, is presumed to be defective.]

The SECOND VARIETY constitutes the disease called IMMUTABILITY OF SIGHT by Dr. Young*; and is admirably described by Dr. Wells in the Philosophical Transactions, in an interesting case of a young person, about thirty-five years of age, whose retina was as sensible to the stimulus of light as ever; yet who, from a paresis, or permanent dilatation of the pupil, saw near objects with considerable confusion, but remote objects with perfect accuracy. The power of moving the upper eyelid was also lost. It was an extreme case of the disease before us, complicated with partial paralysis of the adjoining muscles, and may be imitated by applying the tincture of belladonna. It was easily remedied by the use of spectacles with convex glasses, by means of which the patient was able to read without difficulty in a printed book, whose letters he was scarcely able to distinguish from each other before the spectacles were applied.

The THIRD VARIETY, or that produced by old age, constitutes the presbytia, and presbyopia of medical writers, from *πρέσβυς*, *senex*, and takes place in various degrees. The rays of light unite into a focus too late; that is to say, they strike the retina before they have conjoined into a focus; and the focus which they are calculated to form, would be situated behind the retina. [The eyes undergo certain changes in age, which have the effect of diminishing their refractive power. Persons after fifty, and sometimes before that age, generally find that they cannot distinguish near objects so well as they have been accustomed to do. The rays of light are more divergent the nearer the object is to the eye; and the further it may be, the more do they approach to the parallel direction; consequently, a greater refractive power is necessary in the former than the latter case. Far-sighted persons can see distant inscriptions, or distinguish the hour by a distant church clock, when they cannot read a common print held in their own hands, or see the figures and hands of a watch. The custom of old persons to hold a book or letter a long way from their eyes, and to draw back their heads, in order to be able to read it, when they have not their spectacles at hand, is familiarly known.]

In the present, as in the other varieties of this affection of the eyes, the best remedy for supplying the deficient convexity of the cornea, as well as the deficient irritability of the iris, is convex spectacles; adapting their power to the precise demand of the eye, and increasing it as the demand grows more urgent.

They should be of that power, which will enable the patient to see without straining the organ, and should only be worn for reading, writing, or the examination of near objects.

* Phil. Trans., year 1793.

GEN. I.
SPEC. III.
α P. longinqua
vulgaris.

β P. longinqua
paretica.
Singular case,
complicated
with paralysis
of the adjoining
muscles.
How imitated.
How remedied.

γ P. longinqua
senectutis.
The presbytia
of many
writers.

Refractive
power of the
eye weakened.

Remedial plan.

SPECIES IV. PAROPSIS PROPINQUA.

SHORT SIGHT.

VISION ONLY ACCURATE WHEN THE OBJECT IS NEAR.

GEN. I.

SPEC. IV.

Mostly an opposite disease to the former: and hence to be remedied by opposite means.

Cured by age: but often only cured temporarily.

Called myopiasis, as mice are supposed to possess it naturally.

Theory of short sight.

THIS (the myopia of many writers) is in most respects an opposite disease to the preceding; for it not only produces an opposite effect, but proceeds, in the main, from an opposite cause. In the former, the iris is for the most part relaxed and weakly; here it is sound, often too much contracted: in the former, the cornea is, in almost all cases, too much flattened; in the present, it is too convex or polarized. The best palliative, therefore, is spectacles of an opposite character to those recommended under the preceding species; and with these we must satisfy ourselves, till age brings us a natural relief, by taking off the entony and depressing the cornea. Unfortunately, however, this is a relief that does not always continue for many years, since the excess of tone becomes too much lowered as the age advances, and the sight grows imperfect from this cause.

Mice are said to have this kind of vision naturally, and hence one of the technical names for it is myopia or myopiasis, literally "mouse-sight."

[The explanation of the infirmity is, that rays of light are collected too soon, and brought into a focus before they reach the retina. Although a sound eye never discerns remote objects so clearly as near ones, inasmuch as the rays of light, entering the eye from a distant thing, are always fewer in proportion to its distance from the organ; yet a short-sighted eye sees objects at even a very small distance very indistinctly. The degrees of short sight are various: some individuals cannot discern things which are beyond two inches from their eyes. In the worst form, the person squints in examining an object with care; for he is compelled to put it so close to the eyes, that the visual axis of the two eyes cannot be made simultaneously to bring it within their scope. This defect of vision depends upon the refractive powers being too strong, the eyeball being too long, or the impairment of that faculty, by which the eye accommodates itself to distant as well as to near objects. The premature formation of a focus within the eye sometimes depends on the great convexity of the cornea; a state which is always promoted by the humours being very abundant in the eye. Hence the reason why a short sight is most frequent in young persons; why it sometimes decreases with age; and why any accidental causes increasing or diminishing the quantity of humours in a sound eye may render it sometimes rather short-sighted, and sometimes oppositely disposed. It is a common opinion, that persons who are short-sighted from too great a convexity of the cornea always have objects depicted upon their retinae in a larger and plainer way than is the case in the eyes of

other individuals. This circumstance, which does not appear to be well founded, is ascribed to the strong refractive powers of the eye. According to Mr. Lawrence, there is no ground for the notion, that a near sight is strong sight. Another thing generally promulgated by writers, and already mentioned here, does not coincide with this gentleman's observations. "The eye, in progress of age," he says, "becomes presbyopic, and it might be supposed that this natural change in the organ would remedy the excess of refractive power in the near-sighted, and enable them to dispense with their concave glasses: but this is not the case; the near-sighted continue so in old age."* As this account disagrees with that given by Richter†, and other men of great experience in disorders of the eye, it is noticed here as one meriting further investigation. Besides great convexity of the cornea, other causes of short-sight are generally enumerated; as too great convexity of the lens; preternatural density of the transparent parts of the organ; too great a space between the cornea, or lens, and the retina; or a loss of the power by which the eye accommodates itself to the varying distances of objects. On this subject, there is an interesting passage in Mr. Lawrence's Treatise, in p. 578. "It may be a question," he says, "whether this state of the eye depends upon the habits of the individual. I am inclined to think, that the habitual mode of employing the organ has some influence. In persons of a literary and studious character, who use their eyes much in reading or writing, and in others, who are constantly occupied on minute objects near the eye, we observe, that the sight is frequently myopic. I remember once attending a book-sale, at which I was struck by the number of persons wearing spectacles: having counted them, I found there were twenty-three gentlemen in the room, and that twelve of the number had spectacles on." Mr. Ware endeavoured to ascertain the proportional number of the near-sighted in the different ranks of society, and he consulted the surgeons of the different regiments of Guards in and about London, at that time comprehending about 10,000 men; and he was informed, that near-sightedness was almost unknown amongst them; not six individuals had been discharged; nor six recruits rejected, on this account, in twenty years. He pursued the investigation at the Military Asylum at Chelsea, containing 1300 children, amongst whom only three were near-sighted. He then made some comparative inquiries of the heads of colleges at Oxford and Cambridge, and found near-sightedness very prevalent in all those institutions. In one particular instance, where the society consisted of 127 members, thirty-two either wore spectacles, or used hand-glasses.‡ From these facts, together with the well-known far-sightedness of sailors and country people, we may infer, that the habitual mode of employing the eyes has a decided influence in rendering them either myopic, or presbyopic. Near-sightedness is not observed early in life; you never see persons trying to use glasses until towards the age of fourteen, or from that to eighteen." Mr. Lawrence admits, however, that the defect may exist previously, without being noticed, as very

GEN. I.
SPEC. IV.
Paropsis pro-
pinqua.

Whether near
sighted persons
continue so in
old age?

Whether short-
sight may arise
from modes of
employing the
eyes?

* See Lawrence's Treatise on Diseases of the Eye, p. 580.

† Anfangsgr. der Wundarzn., b. iii. p. 487.

‡ Ware's Tracts on the Eye, p. 201., &c.

GEN. I.
SPEC. IV.
Paropsis propinqua.

young persons do not attend minutely to the state of their sight, or compare accurately their own vision with that of others.

The only assistance which a near-sighted person can obtain, is from concave glasses, which should be such as will enable him to see distant objects distinctly, without producing any sense of painful exertion in the eye. As there is great reason to believe, with Mr. Lawrence, that the optical powers of the eye accommodate themselves to the circumstances under which vision is habitually exercised, near-sighted persons should not wear spectacles constantly, but only at periods, when such aid is particularly required.*]

SPECIES V.

PAROPSIS LATERALIS.

SKEW-SIGHT. SIGHT ASKEW.

VISION ONLY ACCURATE WHEN THE OBJECT IS PLACED OBLIQUELY.

GEN. I.
SPEC. V.
Disease explained.

How to be distinguished from strabismus, or squinting.

Strabismus sometimes follows.

IN this species the patient can only see in an oblique direction, in consequence of some partial obfuscation of the cornea (usually, perhaps, from scratches or slight scars), or of the humours through which the light is transmitted, or from a partial paralysis of the retina. This must not be confounded with strabismus, or squinting, as it sometimes has been, but which proceeds from a different cause, and is accompanied with different phenomena. In skew-sight, or lateral vision, the axis of the eye affected usually coincides with that of the sound eye, though it runs somewhat obliquely, to avoid the obstruction in the tunica. In strabismus, the two axes do not coincide, and the judgment is formed from the strongest eye alone. If, however, in lateral vision, the obstruction be such as to make the optical axis of the affected eye at variance with that of the sound eye, squinting must be a necessary consequence of the disease.

SPECIES VI.

PAROPSIS ILLUSORIA.

FALSE SIGHT.

IMAGINARY OBJECTS FLOATING BEFORE THE SIGHT; OR REAL OBJECTS-APPEARING WITH IMAGINARY QUALITIES.

GEN. I.
SPEC. VI.

THIS species, thus defined, clearly includes two varieties, as follow:—

* See Lawrence's Treatise on the Diseases of the Eye, pp. 579—580.

α Phantasmatum.
Ocular spectres.

Appearances of objects before
the sight that have no real
existence.

GEN. I.
SPEC. VI.

β Mutationis.
Ocular transmuta-
tions.

Real objects apparently changed
in their natura qualities.

Both these varieties offer a very numerous family of distinct illusory perceptions, which require to be noticed in their order.

Of the OCULAR SPECTRES, constituting the FIRST VARIETY, one of the most frequent forms is that of DARK SPOTS. These are the *muscæ volitantes* of many authors; and are "sometimes," says Dr. Young, "if not always, occasioned by an opacity of some of the vessels of the vitreous humour near the retina. They are seen in a full light, and cannot, therefore, as Sauvages has justly remarked, be caused by any thing in the anterior part of the eye; and they may often be observed to change their form with the motions of the eye; which they could not do if they did not depend on some floating substance. Their apparent change of position, when we attempt to follow them with the eye, is a necessary consequence of the motion of the eye itself which contains them."*

α P. illusoria
phantasmatum.
Ocular spec-
tres.
Dark spots.
The muscæ
volitantes of
various authors.
Cause.
Apparent
change of posi-
tion accounted
for.

If, however, these phantasmatæ depended upon vascular opacity of any kind, it is difficult to account for their mobility. And hence Demours is, perhaps, nearer the mark, in ascribing them to small portions of Morgagni's humour that have acquired an increase of density, weight, and refractile power, without losing their transparency.† And in this view of their formation Mr. Guthrie coincides.‡

Supposed to be
seated in the
humor Mor-
gagni by
Demours and
Guthrie.

Another form these ocular spectres exhibit is that of NET-WORK; hence called *suffusio reticularis* by Sauvages, and *visus reticularis* by Plenck. This is sometimes permanent; sometimes transitory; and is probably, as conjectured by Sauvages, produced by a morbid affection of the arteriolæ of the retina.

Ocular spec-
tres of net-
work; or visus
reticularis.

A third form is that of SPARKS: and hence called by Sauvages *suffusio scintillans*. It proceeds generally from a blow, or excess of light.

Sparks, or suf-
fusio scintil-
lans.

The eye is also troubled with an imaginary sense of DAZZLING, constituting the marmoryge of the Greek writers. Its usual cause is supposed to be a plethora of the minute vessels of the eye.

Dazzling or
marmoryge.

Sometimes, from the same cause, the ocular spectres assume an IRIDESCENT APPEARANCE; or exhibit, in splendid succession, all

Iridescent spec-
tres, or suffusio
coloris.

* Delius, Diss. Phantasmatæ ante oculos volitantia, affectus oculorum singularis. Erlang. 1751.

† Traité des Maladies des Yeux, p. 409.

‡ Lectures on the Operative Surgery of the Eye, p. 211. 1823. 8vo. Mr. Lawrence is of opinion, that the immediate cause of muscæ volitantes has not yet been satisfactorily explained. The notions of partial pressure on the nervous structure, by distention of vessels in the retina, or the choroid, or by inequality in the surface of the latter membrane, he regards as purely conjectural. The explanation, derived from minute particles supposed to be floating in the aqueous humour, seems to him to have no better foundation. (See Lawrence's Treatise on the Diseases of the Eye, p. 567.) We know that muscæ volitantes are an early symptom in amaurosis; and, probably, in all cases, they depend upon functional derangement of the retina, temporary or permanent. Such disorder may be combined with organic disease. — ED.

GEN. I.
SPEC. VI.
α P. illusoria
phantasmatum.

the colours of the rainbow. This Sauvages calls *suffusio coloris*. It is occasionally a regularly intermittent affection, or returns at stated periods, and particularly in the evenings; and occasionally the morbid appearance is confined to a single colour. Dr. Heberden has given a curious example of an affection of this kind in a lady of advanced age, who took lodgings on the eastern coast of Kent, in a house that looked immediately upon the sea, and was of course very much exposed to the glare of the morning sun. The curtains of the bed in which she slept, and of the windows, were of white linen, which added to the intensity of the light. When she had been there about ten days, she observed, one evening, at the time of sunset, that first the fringes of the clouds appeared red, and soon after the same colour was diffused over all the objects around her, and especially if the objects were white, as a sheet of paper, a pack of cards, or a lady's gown. This lasted the whole night; but in the morning her sight was again perfect. The same alternation of morbid and sound sight continued the whole time the lady was on the coast, which was three weeks, and for nearly as long after she left it; at which time it ceased suddenly and entirely of its own accord. Excess of light upon a delicate and irritable nabit appears to have been the cause of this singular affection. The retina was too strongly excited to throw off the impression easily; and that of the red rays of the descending sun, constituting the last impression communicated, remained after the sun itself had disappeared. The circle of action may be easily accounted for by an uniform return of the same cause.

β P. illusoria
mutationis.

Metamorphop-
sia of Plenck.

Error of form.

Error of mo-
tion.

Error of num-
ber.

The diplopia of
Sauvages.

Error of colour.

Singular
example.

The SECOND VARIETY of FALSE SIGHT, or that in which real objects appear changed in their natural qualities, is by Plenck denominated, in consequence of such change, metamorphopsia.

Sometimes the change exhibits ERROR OF FORM; and the objects appear, too large, too small, cut in half, or distorted.

Sometimes ERROR OF MOTION: in consequence of which they seem to be dancing, nodding, or in rapid succession.

Sometimes ERROR OF NUMBER: and then they appear double, triple, or otherwise increased or multiplied; constituting the diplopia of Sauvages and many other writers.

Sometimes ERROR OF COLOUR; in which case one hue is mistaken for another, as red for green, or green for yellow, or every hue appears alike. Examples of this imperfection are not unfrequent. Mr. Scott has given a singular instance of it*, and Dr. Priestley another.† The last is especially worthy of notice, as in some degree a family defect; and was communicated to Dr. Priestley by Mr. Huddart, of North America. Of five brothers and two sisters, all adults, three of the former were affected with it in a greater or less degree; while the remaining two and the two sisters possessed perfect vision. One of the brothers could form no idea whatever of colours, though he judged very accurately of the form and other qualities of objects; and hence he thought stockings were sufficiently distinguished by the name of stockings, and could not conceive the necessity of calling some red and others blue. He could perceive cherries on cherry-trees, but only distinguished them, even when red-ripe, from the surrounding leaves by their size and

* Phil. Trans., vol. lxxviii. 1778, p. 611.

† Id., lxxvii. 1777, p. 260.

shape. One of the brothers appears to have had a faint sense of a few colours, but still a very imperfect notion; and upon the whole, they seem to have possessed no other distinguishing power than that of light and shade, into which they resolved all the colours presented to them; so that dove and straw-coloured were regarded as white, and green, crimson, and purple, as black or dark. On looking at a rainbow, one of them could distinguish it as consisting of stripes, but nothing more.

Dr. Nicholl, of Ludlow, has published two papers * on the imperfection of vision, producing a delusive appearance of colours. His cases were hereditary, and not symptomatic of amaurosis. In one, the imperfection seems to have been confined to one or two colours alone. The patient could easily distinguish the green of the grass, or the leaves of the trees; but, like those in Mr. Huddart's statement, he confounded with the green the red fruit or flowers which happened to be intermixed with it. The false-sight in this case was also connected with *paropsis longinqua*; for the patient saw objects at a greater distance than other people, and more distinctly in the dark. The irides were here, also, grey, with a yellow tinge round the pupil. †

The causes of these varieties are not always assignable: many of them, however, are the same as have been pointed out under the variety of ocular spectres. Diplopia, or errors of number, have often been occasioned by long exposure to severe cold; sometimes by local spasm, sometimes by hydrocephalus. ‡ Baumer gives a case produced by a wrong position of the pupil. § Raghellini another caused by a double pupil. || In Letin is a singularly complicated example of objects seen triply. ¶

The chief diagnostic of many of these illusions is their mobility **, which distinguishes them very decidedly from the fixed spots perceived in the eye, and which depend on an opacity of the lens. They are well known frequently to precede amaurosis. Sometimes, however, when they have reached a certain point, they cease to become more troublesome, or rather, from habit, to be troublesome at all, and are little attended to: for if amaurosis do not soon

GEN. I.
SPEC. VI.
β P. illusoria
mutationis.

Further illustrated, in a case connected with paropsis longinqua.

Causes often unassignable: sometimes those of the preceding varieties.

The chief pathognomonic, their mobility.

In time cease to be troublesome, and do not predispose to any worse complaint.

* Transact. of the Medico-Chir. Soc., vols. vii. and ix. For additional facts on this subject, consult Glasgow Med. Journ., vol. ii. art. 2.

† The following observations on the cause of this curious infirmity, are delivered by Mr. Lawrence: — "This peculiarity, which is an original defect, and not a pathological condition, is seated, according to the opinion of Drs. Gall and Spurzheim, in the sensorium. They conceive that the function of the eye is limited to the receiving certain impressions, but that the judging of these impressions, the power of understanding the relations which colours bear to each other, is the function of the sensorium; and they assign this faculty to a particular part of the brain. It is certain, that an eye may be excellent for the general purposes of vision, and capable of distinguishing the minutest objects, and yet the individual may not be able to judge of colours. The latter power, with the accurate perception of the harmony of colours, and their various relations to each other, is a higher endowment: indeed, only a few persons possess it eminently." (See Treatise on Diseases of the Eye, p. 574.) The incapacity of distinguishing colours, viewed as an original defect, and one seated in the organization of the brain, must be incurable. — ED.

‡ Justi, Baldinger, N. Mag., bände xi. p. 446.

§ Act. Hafn. i. art. xxvii.

|| Lettera al S. Coechi sopra l' offesa della vista in una Donna. Veneta. 1748, 1479.

¶ Lib. ii. obs. 20.

** Guthrie, Lectures, &c., ut suprà, p. 212.

GEN. I.
SPEC. VI.
β P. illusoria
mutationis.

follow, there is no reason for expecting it: a consolation of no small moment, as no certain remedy has hitherto been discovered.

In other cases, and especially where the misaffection is not structural, but dependent upon an entonic or an atonic condition of the optic nerve, muscular fibres, or blood-vessels, benefit has been derived, in the first instance, from local bleeding, blisters, and sedatives; the sedatives being employed both generally and topically: and in the last instance from stimulant collyriums, and general tonics.

Many of these varieties of false sight, and especially ocular spectres, are also found as symptoms in several species of dinus, sypasia, syneope, plethora, cephalitis, dyspepsy, and various fevers: some few of the filaments of the great sympathetic passing off, at its origin within the cavernous sinus, to the orbit, and uniting with the lenticular ganglion.*

SPECIES VII.

PAROPSIS CALIGO.

OPAQUE CORNEA.

DIMNESS OR ABOLITION OF SIGHT, FROM OPACITY OF THE CORNEA, OR SPOTS UPON ITS SURFACE.

GEN. I.
SPEC. VII.
Antiquated
colloquial name
web-eye.

THE Latin term CALIGO sufficiently explains the nature of the disease, by importing "dimness, darkness, cloudiness, obscurity." In old English, this opacity, as well as the pterygium, was denominated a "web of the eye," from its giving the idea of a film spreading across the sight; whence Shakspeare in King Lear, "This is the foul fiend Flibbertigibbet: he gives the WEB, and the PIN: squints the eye, and makes the hare-lip." The PIN is a variety of the synizesis, "closed or contracted pupil."

[Surgeons usually divide common opacities of the cornea into four varieties, or kinds:—

α Nebula corneæ.

β Albugo.

γ Leucoma.

δ Arcus senilis.

Superficial opacity.

Deep-seated dense opacity.

A white cicatrix.

Circular loss of transparency, extending in old age from the margin of the cornea.

α Nebula
corneæ.

The first, or simple opacity, or *nebula corneæ*, as it is often termed, is a diffused cloudiness of the whole, or a part of that membrane, without any distinct or circumscribed boundary. Hence it is always greatest in its centre, and gradually diminishes towards its circumference. The iris and pupil are discernible through the dimness; and the patient yet has a degree of vision. It rarely extends to the deep lamellæ of the cornea, but is generally restricted to a cloudiness, or milky thickness, arising from the albuminous se-

* Cloquet, *Traité d'Anatomie Descriptive*. Bloch, *Beschreibung des fünften Nervenpaares*, &c. Leip. 1817.

cretion effused under the corneal conjunctiva, or in the texture of this delicate membrane itself.

When this superficial cloudiness of the cornea is accompanied with active inflammation of the eye, the treatment must be regulated by the principles applicable to ophthalmia in general. The disease is mostly attended with groups of turgid, knotty vessels in the conjunctiva. If this be the case, another indication presents itself besides that of diminishing inflammation; namely, to reduce the enlarged vessels; and, if that be impracticable, to cut off all communication between the trunks of the most prominent of them in the conjunctiva, and the branches immediately distributed to the nebulous portion of the cornea. For the first purpose, Scarpa recommends the unguent. hydrarg. nitrat. and astringent collyria; for the second, the excision of a fasciculus of the enlarged vessels.* These measures may often be proper; but in Scarpa's practice the cause of the affection is not much considered; and, if the treatment were regulated with reference to it, some of the plans which he proposes would not be needed. As a nebulous state of the cornea generally arises from inflammation, or irritation, and is kept up by it, whatever removes the cause will also disperse the cloudiness of that membrane. Thus, the nebula is often dependent on the irritation of hard fungous granulations on the inside of the eyelid, a sequel of purulent ophthalmia: now, if these granulations are removed, the nebula soon disappears, without any other proceeding. The first indication, when inflammation is present, is to put a stop to it. If we do this, and wait a little, we shall find that the opacity will diminish of itself. Afterwards, counter-irritation by issue, or seton in the temple, with attention to diet, and the state of the stomach and bowels, will be proper. Then the absorption of the opaque matter may be promoted by collyria containing the nitrate of silver in the proportion of two grains of it to one ounce of distilled water at first, the strength being gradually increased. It may be dropped into the eye, or applied to the opaque part with a camel-hair pencil.†

Albugo and *leucoma* are deeper opacities of the cornea, arising from previous severe ophthalmia, or an ulcer, or wound of the cornea. The term *leucoma* is particularly applied to the pearl-coloured opacity, produced by the cicatrix of a wound, or ulcer. In these deep opacities, the texture of the cornea is often so disorganised, that they cannot be removed; for they do not consist merely of an effusion of a thin milky secretion, but of a dense lymph, which insinuates itself between all the lamellæ of the cornea, and becomes inseparably connected with them. When an *albugo* is recent, however, its dispersion may be attempted by applying the ung. hydrarg. nitrat. to it, and bathing the eye with a collyrium, made of rose-water, and two grains of the nitrate of silver to each ounce of it. The *leucoma*, occasioned by a cicatrix, is evidently incurable.

GEN. I.
SPEC. VII.
Paropsis
caligo.

β *Albugo*.
γ *Leucoma*.

* This practice is not approved by Mr. Lawrence: he has little confidence in its efficacy, and objects to it also on the ground that the vessels of the cornea are derived from the sclerótica, and not from the conjunctiva. Scarpa means, however the vessels visibly extending to the opaque part of the cornea to be partially removed by excision, without any reference to their origin. — ED.

† See Lawrence's Treatise on Diseases of the Eye, p. 371.

GEN. I.
SPEC. VII.
Paropsis
caligo.
♂ Arcus senilis.

The *arcus senilis*, or that opacity formed in persons of advanced years round the whole, or part, of the margin of the cornea, and sometimes extending considerably towards the pupil, so as to lessen the sphere of vision, is the effect of old age, and absolutely incurable. It comes on without any pain or uneasiness, and at length renders the texture of the cornea, in the part which it occupies, entirely impervious to light. This opaque circle, Mr. Lawrence observes*, is not situated at the very margin of the cornea, but there is generally a transparent rim, which intervenes between it and the sclerotic coat. In some cases, the opacity is very narrow; and, in other cases, it becomes much broader; but he has never seen it interfere with vision, a sufficiency of the centre of the cornea for this purpose being left transparent. He describes it as a natural change in the part, from causes independent of disease. It shows itself, he says, much earlier in some cases than others; being occasionally seen between the ages of thirty and forty; but generally later. He compares it to the opaque knots, which take place in the internal coat of the larger arteries of old persons.]

Spots on the
cornea of
newly-born
infants: soon
vanish, and
why.

In newly-born infants, spots on the cornea are occasionally met with, which soon vanish spontaneously†: probably, the rays of light acting as a salutary stimulus upon the occasion.

SPECIES VIII.

PAROPSIS GLAUCOSIS.

HUMORAL OPACITY.

DIMNESS OR ABOLITION OF SIGHT FROM OPACITY OF THE VITREOUS HUMOUR.

GEN. I.
SPEC. VIII.
Specific name,
its origin and
termination.

GLAUCOSIS is a Greek term, from γλαυκός, "bluish or greenish-tinted," from the common colour of the obscurity. It was also called by the Greeks, glaucóma, and by the Romans, glaucédē. Glaucon is here preferred to glaucoma, because the final *oma* imports usually, and, for the sake of simplicity and consistency, ought always to import, external protuberance, as in staphyloma, sarcoma and various others, noticed in detail in the volume of Nosology.

Description of
the disease.

[It is remarked by Mr. Lawrence, that the term *glaucoma* was formerly given to cataract; but is no longer so applied. We use it now to denote a certain change of the vitreous humour, consequent on inflammation of that part of the eye, attended with an alteration in the colour of the pupil. The first symptom of *glauconis*, as our author prefers to call it, is a pain in the head, usually situated over the brow. In conjunction with this pain, the patient begins to complain of dimness, or of weakness of the sight, and, if the eye be now examined, the pupil presents a greenish, muddy green, or yellowish-green colour, instead of its natural deep-black. In a strong light, the appearance resembles a yellowish metallic re-

* See Lawrence's Treatise on the Diseases of the Eye, p. 369.

† Farr, Med. Commen. ii. 30.

flection from the bottom of the eye. At the same time, the pupil is generally rather dilated, and the motions of the iris sluggish. The state of vision is different in different instances: in some, an alteration of the pupil is distinctly produced, and yet the eyesight may be tolerably perfect; while, in other cases, vision is entirely lost, with apparently no more discoloration of the back part of the eye, or change of the pupil, than in the former instance. Glaucoma has of late years generally been regarded as an inflammation of the vitreous humour, the texture and colour of which are changed. As the retina lies close upon this humour, there is no difficulty in accounting for their both being inflamed; and whether they both suffer from the commencement or not, if the inflammation of the vitreous humour be not checked, it will involve the retina, and produce such changes in its structure as to render the eye permanently amaurotic. The eyesight becomes gradually worse and worse; the discoloration behind the pupil grows more and more considerable; and the iris becomes more and more sluggish, until it is at last motionless; and vision is entirely lost. The lens also is sometimes attacked, and with it the iris propelled forward, so that, as Mr. Lawrence remarks, it is no uncommon thing for cataract to occur subsequently in an eye originally attacked by glaucoma.

GEN. I.
SPEC. VIII.
Paropsis
glaucoma

Glaucoma, the precise causes of which are not known, occurs chiefly after the middle period of life, and in persons not of the most healthy character. It appears to Mr. Lawrence to be merely a chronic form of what is sometimes termed arthritic inflammation of the deep part of the eye; but he particularly mentions, that it does not occur more frequently in gouty and rheumatic persons, than in others; so that the expression *arthritic* cannot be very eligible.

Causes.

In glaucoma, the colour of the pupil is green, or yellowish-green; and, if the eye be viewed laterally, no discoloration can be seen; but, in cataract, the pupil looks gray, or, of a grayish white, and it remains so, whether it be regarded laterally or not. The loss of vision in glaucoma is not in direct proportion to the change of colour of the pupil; for, with an inconsiderable change of this kind, vision may be entirely destroyed, or very seriously impaired. But, in cataract, there is a direct proportion between the state of the opacity, or change of colour, and the injury to sight. In cataract, vision is best in a weak light; but, in glaucoma, sight is most perfect in a strong light.*

Distinctions between glaucoma and cataract.

It is not yet decided among pathologists, whether the opacity in this disease be seated in the delicate membranous septa of the tunica hyaloidea, or in the fluid contained in the cells of the vitreous humour, or whether both are altered. Beer, in dissecting a glaucomatous eye, found the vitreous humour immediately surrounding the foramen of Soemmerring much more deeply coloured, than the rest of it. Were this fact corroborated by further observations, we might perhaps infer, that this is generally the original seat of the disease, and that the morbid changes extend from this point.†

Seat of the opacity.

* See Lawrence's Treatise on Diseases of the Eye, p. 393.

† G. Friek, on Diseases of the Eye, p. 220. 2d ed. by Welbank, 1826. Mr. Mackenzie observed the following changes in eyes affected with glaucoma: —
1. The choroid coat, and especially the portion of it in contact with the retina,

GEN. I.
SPEC. VIII.
Paropsis
glaucoſis.
Prognosis.

Treatment.

Beer delivers a moſt diſcouraging prognosis, aſſerting that nothing will prevent glaucosis from terminating in amauroſis. All practical writers ſeem to agree, that we poſſeſs no means of removing the opacity of the vitreous humour; but Mr. Lawrence is of opinion, that the diſeaſe may be checked, and any degree of ſight now enjoyed, preſerved, by having reſource to ſuitable treatment. There is, he ſays, a decided congeſtion about the brain and orbit, and the removal of that congeſtion is attended with conſiderable benefit. Hence, he recommends antiphlogiſtic remedies; cupping; active purgatives; alterative doſes of mercury; a regulated diet; and reſt of the eye. By ſuch means, he has known caſes kept for two or three years ſtationary.]

SPECIES IX.

PAROPSIS CATARACTA.

CATARACT.

DIMNESS OR ABOLITION OF SIGHT, FROM OPACITY OF THE CRYSTALLINE LENS.

GEN. I.
SPEC. IX.
The pearl-eye
of old Engliſh
writers.
Cataracta,
whence de-
rived.
Primary mean-
ing of the term.

THE cataract, as it is now called, was, by old Engliſh writers, named PEARL-EYE, or PEARL IN THE EYE, and is ſo denominated by Holland, the faithful translator of Pliny. Cataracta, as a Greek term, is uſually derived from καταβλάσσω, “to diſturb, deſtroy, or aboliſh.” Καταβλάτης, or καταράτης, however, was employed by the Greek writers themſelves to ſignify a gate, door, or loop-hole, and the bar which faſtens it, and becomes the impediment to its being opened. And it is probably from this laſt ſenſe that the term cataract was firſt applied to the diſeaſe in queſtion, as forming a bar to the eyes, which were called the loop-holes or windows of the mind by various philoſophers, as we learn from Lucretius, who thus cloſes his oppoſition to their view: —

Dieere porro oculos nullam rem cernere poſſe,
Sed per eos animum ut foribus ſpectare reclusis
Difficile eſt.*

To deem the eyes, then, of themſelves ſurvey
Nought in exiſtence, while the interior mind
Looks at all nature through them, as alone
Through windows, is to trifle —

was of a light brown colour, without any appearance of pigmentum nigrum. 2. The vitreous humour was in a fluid ſtate; perfectly pellucid; colourleſs, or ſlightly yellow. There was no trace of hyaloid membrane. 3. The lens was of a yellow or amber colour towards its centre; its conſiſtence firm; and its transparency perfect, or nearly ſo. 4. In the retina, no trace of limbus luteus, nor of the foramen centrale. See Glasgow Med. Journ., vol. iii. p. 259.; and MacKenzie's Treatiſe on Diſeaſes of the Eye. — Ed.

* De Rer. Nat. iii. 360.

Whence, perhaps, Shakspeare, in the speech of Richmond: —

To thee I do commend my wakeful soul,
Ere I let fall the windows of mine eyes.

GEN. I.
SPEC. IX.
Paropsis cata-
racta.

The Greeks, themselves, however, called this disease indifferently hypochyma, apochysis, and hypochysis. The earlier Latins, suffusio: while cataracta seems first to have been made use of by the Arabian writers, and was probably introduced into the medical nomenclature by Avicenna. Yet the more common name among the Arabians was *gutta obscura*, as that for amaurosis was *gutta serena*; the pupil, in this last species, being serene or transparent.

The Arabians, who had adopted generally the humoral pathology of Galen, conceived both these diseases to be the result of a morbid rheum or defluxion falling on a particular part of the visual orb; in the one case, producing blindness with obscurity, whence the name of an obscure *rheum* or *gutta*; and in the other, without obscurity, whence the contrary name of a transparent or serene *rheum* or *gutta*. But as various other diseases, and particularly of the joints, were also supposed to flow from a like cause, and were far more common, the terms *gutta* and *rheuma* were afterwards emphatically applied, and at length altogether limited, to these last complaints, whence the terms *gout* and *rheumatism*, which have descended to the present day, as the author has already had occasion to observe, under ARTHRODIA PODAGRA. For *gutta* the Arabian writers sometimes employed *aqua*; and hence, cataract and amaurosis are described by many of them under the names of *aqua obscura*, and *aqua serena*; and the former, by way of emphasis, sometimes under the name of *aqua* or *arqu* alone.

The opacity, producing a cataract, may exist in the lens alone, the capsule alone, or in both; thus laying a foundation for the three following varieties:—

- | | |
|------------------------|----------------------------------|
| α Lenticularis. | The opacity existing in the lens |
| Lenticular cataract. | itself, and confined to it. |
| β Capsularis. | The opacity confined to the cap- |
| Capsular or membranous | sule, or membrane of the lens. |
| γ Complicata. | The opacity common to the lens |
| Complicated cataract. | and its capsule. |

We are told moreover by Richter*, of a cataract of the humour of Morgagni, or the interstitial fluid which lies between the capsule and the lens: whence this has also been copied by Plenck, Beer, and Sir William Adams into the list of modifications; but rather as a possible than an actual case; for none of these practitioners give a single example of such a variety ever having occurred to them with certainty, though Beer suspected it in one case.†

[Mr. Lawrence doubts the separate existence of this as a distinct species of cataract. How, he asks, could we determine, that this fluid was opaque, and the lens transparent? Can it be supposed, that it could undergo this change, and the capsule and lens remain

Called by the
Greeks hypo-
chyma, apochy-
sis, and
hypochysis.
Cataracta prob-
ably first used
by Avicenna:
though the
common Arab-
ian term was
gutta obscura.

Origin and
meaning of
gutta obscura
and *gutta se-
rena*.

Cataract of the
humour of
Morgagni,
what

* Von der Ausziehung des Grauen Staars. Gött. 1773. 8vo.

† Lehre von den Augenkrankheiten, band ii. sect. 56.

GEN. I.
SPEC. IX.
Paropsis cata-
racta.

Sometimes ac-
companied with
a sac, contain-
ing pus, and
particularly
named by
Schmidt.

Beer's seat of
the sac.

Multiplicated
subdivisions of
Beer;

being nine for
his true, and
four for his
spurious cata-
ract.

Diagnosis.

transparent? He thinks, therefore, that, in a practical consideration of the subject, this kind of cataract might be safely omitted.]

Cataract is sometimes accompanied with a sac, enclosing a small body of pus or ichor, and is probably the result of the inflammation that produced it. In this case, it forms the *cataracta capsulo-lenticularis cum bursa ichorem continente* of Schmidt.* Beer affirms, that this sac is commonly seated between the lens and posterior part of the capsule, and very rarely between the former and the anterior part.†

Professor Beer seems to have refined a little too much in his divisions and subdivisions of cataract; for he not only assigns a distinct place to the Morgagnian, and this pustular cystic, but to a cystic form without pus, to a silliquose, and a trabecular; while he further partitions the capsular into two separate forms, according as it is before or behind the lens itself; thus giving us a catalogue of nine distinct forms of what he calls the *true* cataract; while he allots four other subdivisions to what he denominates the *spurious* cataract: meaning hereby some other obstacle to vision, the seat of which is without the crystalline capsule, between its anterior hemisphere and the iris.

[The most striking circumstances observable in cataract, are, an opaque body placed behind, or even filling up the pupil, and the impaired state of vision, which is the result of that change. In both these respects, it agrees in its incipient stage with glaucoma and some forms of amaurosis; but, as the treatment is essentially different in these several affections, it is very necessary to discriminate them accurately. In incipient cataract, we can do little or nothing; we must wait, until the opacity has become complete, before we perform an operation: but in the early state of amaurosis, we must take means to arrest the affection; for, if we should leave the case to itself, under the supposition of its being a cataract, loss of sight would be inevitable and irremediable. The diagnosis of cataract from other affections, Mr. Lawrence, therefore, very properly represents as an important subject; and, in doubtful cases, we shall be much assisted by the influence, which the belladonna has in dilating the pupil, and affording as clear a view as possible of what lies behind that opening.‡

The situation of the opacity is the best ground of distinction between glaucosis and cataract: in the latter, it is very near the pupil; but, in glaucosis and also amaurosis, the discoloration of the pupil is much more deeply seated; it looks as if it were at the back of the eye; and hence, when the eye is viewed laterally in glaucosis, no opacity is perceived. The discoloration cannot be seen, unless the surgeon look directly into the pupil; it is also equally diffused; and sometimes the opacity has a concave appearance.

The following observations, by the same surgeon, are highly valuable to the practitioner. In cataract, the opacity begins generally in the centre of the pupil; consequently, it is more dense in

* Ueber Nachstaar und Iritis, &c. Wien, 1801.

† Lehre von den Augenkrankheiten, band ii. p. 301. 1813.

‡ See Lawrence on Diseases of the Eye, p. 397.

the centre, and less so towards the sides. Hence, some light passes through the circumference of the pupil, enabling the patient to see objects laterally, when he cannot see them directly in front of the eye. Dilatation of the pupil, by exposing the margin of the lens, which is sometimes transparent when the centre is opaque, and, at all events, is much thinner, and therefore less densely opaque, improves vision considerably, especially in incipient lenticular cataract. Such patients see best in the dusk, or twilight, or when the pupil has been artificially dilated by the belladonna. They see best, when their back is turned toward the window. These circumstances particularly distinguish cases of cataract from those of glaucoma and amaurosis; for, in the latter affections, the sensibility of the retina being impaired, the individual generally sees better in strong lights, and his sight is not improved by belladonna.

In the commencement of cataract, objects seem as if surrounded by a mist or fog; the patient fancies that there is something interposed between his eye and the object at which he is looking; whilst the haziness, or cloudiness, increases gradually in proportion to the degree of opacity. A cataract patient sees a lighted candle as if it were involved in a cloud, which becomes thicker as the opacity proceeds, and ultimately shrouds the flame so completely that its position only is discernible. To an amaurotic patient, the flame of a candle would appear as if scattered into rays, like a star, or surrounded by a halo, or confused with prismatic colours. In cataract, the sight is impaired in proportion to the degree of opacity; but there is no such direct ratio in glaucoma and amaurosis; for, with only a slight greenish discoloration of the pupil, there may be a considerably impaired state of vision, such as the opacity would not account for; indeed, sight may be entirely destroyed when there is only a trivial change in the colour of the pupil.

With respect to the iris and figure of the pupil, Mr. Lawrence observes, they are not generally affected by cataract, or at any rate, not in the early period of its formation. The iris continues to move as usual; and the pupil retains its circular shape. In some cases, indeed, where the bulk of the lens is increased, this body presses against the iris, and impedes its motions; but this happens chiefly in soft cataracts, and not in the early stage of them. In cases of cataract, the margin of the pupil represents a black circle, formed by the uvea, in consequence of the white or grayish white ground, which the opaque lens constitutes behind that opening.*]

Cataracts are of different colours and of different degrees of consistency, from circumstances influencing the morbid action with which we are but little acquainted; and as little with the occasional causes of such action, though old age seems to be a common predisposing cause. They are, therefore, black, white, leaden-hued, ferruginous, amber; as they are also fluid or milky, soft, firm, hard, horny, and even bony. They are not unfrequently the result of an hereditary taint, adhering to generation after ge-

GEN. I.
SPEC. IX.
Paropsis cata-
racta.

Differences
between cata-
ract amaurosis,
and glaucoma.

Cataracts differ
in colour and
consistency.

* See Lawrence, on Diseases of the Eye, p. 399.; also Beer, Lehre, &c. b. ii. p. 281.

GEN. I.
SPEC. IX.
Paropsis cata-
racts.

Influence of
different pe-
riods of life
on cataracts.

In soft cata-
ract, lens some-
what enlarged ;
in hard cata-
ract, dimin-
ished.

Whether soft
cataracts of
slow growth ?
and firm of
rapid growth ?

Minute but
accurate re-
marks of Beer.

The verifica-
tion of a cata-
ract.

Character of
the shades cast
at times by the
iris.

neration, and appearing either congenitally, or by a very general predisposition afterwards.

All ages are subject to cataracts ; children are even born with them ; and they may occur at any age, from infancy to the remotest period of life. Perhaps elderly persons are most subject to the complaint, especially from fifty, sixty, or upwards. Cataracts are never hard in young persons ; you will never meet with a hard lens below the age of puberty. They are not always hard in old persons ; you may have soft cataracts in such, and hard ones during the middle period of life.*

Mr. Pott inculcated, what experience has amply confirmed, that when the opaque crystalline is perfectly dissolved, so as to form a *soft* cataract, it is somewhat enlarged ; and that when such dissolution does not take place, and a *hard* cataract is produced, the crystalline is in some degree lessened. The hard cataract has also been distinguished by the name of *ripe*, as the soft by that of *unripe*. " But if we would think and speak of this matter," observes Mr. Pott, " as it really is, we should say that a dissolution or softening of the crystalline lens is by much the most common effect ; and that seven times out of nine, when it becomes opaque, and tends to form a cataract, it is more or less softened : the softening sometimes extending through the whole range of the lens, and sometimes through only a part of it ; while, however, the part that remains undissolved is rarely, if ever, so firm as the centre of the sound crystalline." Mr. Pott proposes it as a question, whether cataracts, which have been found perfectly soft, have not in general grown opaque by slow degrees ? and whether those which have been discovered to be firm have not become opaque hastily, and been preceded by, or accompanied with, severe and deep-seated pain in the head, particularly in the back part of it ? †

There is no ophthalmologist, however, who has paid so much attention to this subject as Professor Beer ; and though his divisions are perhaps a little too minute, yet the microscopical accuracy, with which he has followed up all the modifications of the cataract, is entitled to our most serious attention. He agrees with Mr. Pott that a hard cataract is always comparatively small, though he adds, that every small cataract is not necessarily hard. He is peculiarly minute in examining all the qualities which the disease may exhibit, of position, colour, shadow, shape, range ; together with the mobility and degree of prominence of the iris ; and till all these characters have been accurately weighed, he hesitates to determine as to the variety of the cataract ; or, in effect, whether it be a cataract at all. The shadow, cast by the iris, constitutes his leading clue. If the lens in an opaque state maintain the size it possessed when transparent, there is a manifest shadow, thrown back upon the surface of the cataract by the iris. If the cataract be less than the natural lens, this shadow is broader than usual. If the opaque lens be swollen, no shadow is present, as the capsule is pushed forward into contact with the iris, and the posterior chamber is abolished. And by carefully comparing all the signs that lie before him, he is able to indicate with certainty, in every instance, the seat, the size, and the consistence of the cataract.

* Lawrence, op. cit., p. 410.

† Chirurgical Observations relative to the Cataract, &c. 8vo, 1775. London.

[The most frequent species of lenticular cataract is that called hard or firm. In this state of the lens, the opacity has a grayish appearance, with more or less of the yellowish brown, or amber tint, towards the centre. In the firm and darker coloured portion, it resembles wax in consistence, slightly softened by heat; the circumference is lighter coloured and softer, being about the consistence of soft jelly. The more of the amber colour is seen, and the deeper the tint, the harder is the cataract; the grayer its appearance, the softer is the consistence. The common firm cataract here described, presenting the amber tint in the middle, shaded off into a gray, is the ordinary form of the complaint in elderly persons. The lens in such a case is generally smaller than natural; and the capsule being unaffected, the opaque body appears at a small distance behind the pupil. There is a marked interval between that aperture and the cataract; the iris has its full play; and the patient retains the power of distinguishing objects during the formation of the cataract, by the passage of light through the less opaque circumference of the lens.* Mr. Pott's opinion, that the colour of a cataract affords no clue to its consistence, we find, from what has been here stated, to be at variance with modern experience.

In the *soft* cataract, the lens is not soft in the circumference only, but its whole texture is changed, having various degrees of consistence, as that of cheese, jelly, or milk. Soft cataracts are larger than the hard; so that they press against the iris, and render its front surface convex. Their surface is distinguished by a bluish kind of white.

The opacity extends uniformly to the circumference of the lens; it intercepts the light more completely than the hard cataract does; and the patient at last retains merely the power of distinguishing light from darkness.

Capsular cataracts are those in which the front, or back, of the capsule of the lens is alone affected, and those in which the whole capsule is opaque. An opacity of the capsule does not begin in the centre, but in all parts of the membrane indifferently: it is not uniform, but in spots or streaks, with less opaque or transparent intervals. These opaque portions have a glistening chalky white, or bluish white or pearly appearance. In the anterior capsular cataract, the opacity always projects as far forward as the edge of the pupil. The capsule cannot become extensively opaque without the lens being also affected; and when the anterior portion of the membrane is opaque, the lens is in the same condition. We may have, Mr. Lawrence observes, a single streak of opacity in the capsule after iritis; but that will not constitute a cataract: the capsule may be more extensively, yet partially covered by a new adventitious membrane, the rest remaining clear; but there is no such case as a capsule, generally opaque, containing a transparent lens.†

When the posterior part of the capsule becomes opaque, while its front portion and the lens continue transparent, the opacity is situated at a marked distance behind the pupil: its situation corresponds to the known position of the capsule. It presents a concave surface, with partial streaks, the intervals of which are transparent.

GEN. I.
SPEC. IX.
Paropsis cata-
racta.

Signs of hard
cataract.

Signs of soft
cataract.

Of capsular
cataract.

Anterior cap-
sular cataract.

Posterior cap-
sular cataract.

* See Lawrence, op. cit., p. 400. Richter's Anfangsgr. &c. b. ii.

† On Diseases of the Eye, p. 404.

GEN. I.
SPEC. IX.
Paropsis cata-
racts.

The posterior capsular cataract has not that glistening white colour, which distinguishes the anterior, because it is seen through the lens, and acquires a yellowish and rather dull appearance. This change in the capsule is followed by opacity of the lens, which, however, may not occur for a considerable time. Mr. Lawrence adverts to two patients, who were attending the Ophthalmic Infirmary, in whom posterior capsular cataracts could be very distinctly seen. One of them could read the large print of a bible; and, when the pupil was dilated with belladonna, the spaces between the opaque radii, through which the light gained admission to the eye, were very manifest. As the lens becomes more opaque, vision decreases.

Complicated, or
capsulo-lenti-
cular cataract.

What our author denominates *complicated cataract*, or the case in which both the lens and capsule are opaque, is very frequent. It is the *capsulo-lenticular cataract* of the Germans. Generally speaking, the lens in these cases is soft, and the cataract large, often pushing forwards the iris, and impeding its motions. The streaks of the anterior portion of the capsule on a level with the edge of the pupil; the different tint of the opaque lens, seen through the less opaque parts of the capsule; and the considerable degree in which sight is interrupted, owing to the bulk of the lens; are characteristics of this example of cataract. The varieties of appearance presented in the capsulo-lenticular cataracts have afforded the German oculists abundance of opportunity for minute distinctions. Thus they describe the *cataracta marmoracea*, where the opaque capsule exhibits a marbled appearance; *c. fenestrata*, with bars, fancied to resemble those of a window; *c. punctata*, with spots, &c. Also the *cataracta arida siliquosa*, or *dry-shelled cataract*, in which the capsule has a thickened and corrugated appearance, and contains only the nucleus of the lens. This variety is often met with in children, and frequently mistaken for a congenital affection. In young infants, Beer says, it is manifestly produced by a slow and neglected inflammation of the lens and its capsule, excited by the stimulus of too strong a light. In adults, the case is generally the result of external violence. Schmidt supposed that, in infants, the siliquose cataract might be caused by convulsions, attended with violent action of the muscles of the eye; but the correctness of this opinion is now beginning to be disbelieved.

Varieties of ca-
taract, affecting
both the lens
and its capsule.

Cataract com-
plicated with
glaucoma.

In a cataract, complicated with glaucoma, or glaucosis, as our author chooses to name it, the vitreous humour is first affected, and the lens subsequently. If, says Mr. Lawrence, the iris is altered in colour; if the pupil is fixed in the dilated state; if the sight was lost, with considerable headach, and before the cataract had formed; the eye may be inferred to be glaucomatous.

Cataract com-
plicated with
amaurosis.

The complication of cataract with amaurosis is denoted by the inability to discern light from darkness. The insensibility of the retina may not be totally destroyed, and thus the power of discerning the difference between light and darkness may exist with a cataract, attended by imperfect amaurosis. Here, as Mr. Lawrence explains, the practitioner must attend to the symptoms under which the loss of sight has occurred, as well as to the present state of the eye. Simple cataract comes on without pain; while, in amaurosis, there is often considerable pain in the head, or neighbourhood of the eye. In cataract, unattended with enlargement

of the lens, or adhesion, the iris has generally its natural power of motion. A motionless or sluggish iris, and a fixedly dilated pupil, are therefore strong evidence of an amaurotic affection, when they are not accounted for by the particularities of the cataract itself.]

Like *PAROPSIS glaucosis*, or opacity of the vitreous humour, a cataract has sometimes, though very rarely, ceased spontaneously, or without any manifest cause.* Helwig gives an instance, in which the cessation was not only spontaneous but sudden.† It has also, at times, been carried off by a fever.‡

There is hence specious ground for conceiving, that some medicine might be discovered, capable, by some general or specific action, of producing a like change, and proving a remedy for the disease; and the more so as we find ganglions and other accidental deformities frequently removed from the extreme parts of the system by external or internal applications. But no such remedy has hitherto been discovered, or at least none that can be in any degree relied upon, excepting in those cases of supposed but mis-called cataracts, which have consisted in a deposition of lymph from an inflammation of the iris and ciliary processes: for recourse has been had to mercurial preparations both external and internal, as almost every other metallic salt, aconite, the pasque-flower, or pulsatilla, to protracted vomiting, electricity, and puncturing the tunics of the eyes, but without any certain advantage.§ This is the more to be lamented; because, whatever surgical operation may be determined upon as most advisable, there is no guarding, on all occasions, against the mischievous effects which may result, I do not mean from the complication or severity of the operation; for this, under every modification, is simpler and less formidable than the uninitiated can readily imagine; but from the tendency which is sometimes met with, from idiosyncrasy, habit, or other irritable principle, to run rapidly into a state of destructive inflammation; and in a single night, or even a few hours, in spite of the wisest precautions that can be adopted, to endanger a total and permanent loss of vision. I speak from personal knowledge, and have, in one or two instances, seen such an effect follow, after the operation had been performed with the utmost dexterity, and with every promise of success; and where a total blindness has taken place in both eyes, the operation having been performed on both; neither of them being quite opaque antecedently, and one of them in nothing more than an incipient state of the disease, and the patient capable of writing and reading with it.|| And hence it is far better, in the author's opinion, to

* Haggendorn, *Observ. Med.*, cent. 1. obs. 50. Franc. 1698. 8vo. Ludolf, *Miscel. Berol.*, tom. iv. 258. Walker on the Theory and Cure of a Cataract.

† *Observ. Physico-Med.* 23. Aug. Vind. 1680. 4to.

‡ Velschius, *Episagm.* 20. The cases, which occasionally disappear spontaneously, are generally such as have been induced by injuries of the eye, followed by manifest inflammation. The attempt to disperse other cataracts is now deemed a hopeless experiment. "It may be asserted, without any qualification, that no external application, nor internal medicines, with which we are at present acquainted, can alter the condition of the opaque lens and capsule." Lawrence, *op. cit.*, p. 411. — Ed.

§ *Beytrage zur Chirurgie und Augenheilkunst.* Von Franz Reisinger, &c. Göttingen, 1814.

|| The prognosis, which should be regulated by circumstances, is here too discouraging. In order to counteract this impression, the judicious remarks of Mr. Lawrence upon this part of the subject are introduced. "The prognosis,"

GEN. I.
SPEC. IX.
Paropsis cata-
racta.

Has been cured spontaneously, ceased suddenly, and carried off by a fever.

Hence medicine might be supposed serviceable:

but no general or specific remedy has been discovered in the curative process hitherto pursued.

This to be lamented, because of the ill success of many operations, even when dexterously performed.

C uses of ill success.

Illustrated.

Hence all operations should be had recourse to with caution.

GEN. I.

SPEC. IX.

Paropsis cataracta.

Operation to be done only on one eye at a time.

Cases in which the operation should be postponed.

have a trial made on one eye only at a time, and that the worst, where both are affected, and one is still useful, than to subject both to the same risk; for the sympathy between them is so considerable, that if an inflammatory process from any constitutional or accidental cause should show itself in either, the other would be sure to associate in the morbid action. [This advice is supported by that of Scarpa and Lawrence. The latter offers the following arguments for the decision. If you restore sight in one, it is sufficient for all useful purposes, and the patient will generally be satisfied. The other may be operated on afterwards, or be retained as a reserve in case the restored sight should fail, or be lost by disease or accident. When both are operated on together, they are not both necessarily involved in any unfavourable subsequent occurrence; yet they are likely to suffer together from common causes, and, under such circumstances, the patient loses all chance of regaining sight. On the other hand, if things go on unfavourably, it is a great consolation both to the patient and surgeon to know, that one eye only is risked. These arguments seem perfectly convincing.

There are some cases, as Mr. Lawrence says, in which it is better for the patient to be content with very imperfect vision, than to submit to an operation, which may end in total blindness. The restorative powers, he observes, are feeble in very old persons; in them, and in cases, where the propriety of operating may be doubtful for other reasons, it is best to employ the palliative aid of belladonna, as long as it will procure any degree of useful vision. He advises no operation, in such cases, until the patient is quite blind; until the sight is in that state, in which the failure of the operation can make it no worse. In general, he thinks, we should not operate till all useful vision is gone. At all events, says he,

he says, "is completely favourable when the affection is confined to the lens or capsule; when the sensibility of the retina is undiminished; when the motions of the iris are unimpaired; when the constitution of the patient is sound, and the health is good at the time of operating; and when the patient is of a spare, rather than a full, habit. Under these circumstances, the prognosis is completely favourable; that is, supposing the operator to understand the subject well, to select the kind of operation most suited to the particular species of cataract, and to possess sufficient manual dexterity for performing it in the most advantageous way. The prognosis will be particularly favourable in congenital cataracts; in those of young persons (in whom, however, it seldom arises except in consequence of injuries), and in the firm lenticular cataract of elderly persons. It is bad when the cataract is complicated with glaucoma or amaurosis; with a fluid state of the vitreous humour; with a varicose condition of the blood vessels; with dropsy of the eye; or with a very contracted or closed pupil. Indeed, some of these circumstances would form decided objections to the operation. It is also bad when the cataract has been preceded, or accompanied by severe pains in the head, or in the eye; by *insectæ volitantes*, sparks or flashes of fire before the eye, as all these circumstances indicate affection of the nervous structure. The prognosis is doubtful when cataract is the result of internal inflammation of the eye, or of that vascular disturbance, which comes under the head of congestion. Adhesions of the pupil are unfavourable, since the laceration and removal of them may excite inflammation in the iris and internal tunics, particularly in gouty individuals, in whom such adhesions are most frequent, and who are most likely to suffer from inflammation after the operation. The prognosis is doubtful in cases of cataract affecting one eye, when the other is amaurotic or glaucomatous." — Ed.

this rule is absolute in doubtful cases. He mentions one exception; namely, where the cataract is mature in one eye, and immature in the other, the former may be operated upon, so as to give the patient the use of that eye while the cataract is forming in the other. Much difference of opinion prevails on the question, whether the operation should be done, when only one eye is affected, and the other is sound; but on this topic we shall not enter, as it is generally discussed in surgical works, and shall merely mention, that it is a point of practice, on which a candid statement of cases is much desired.]

The usual modes of operating for the cure of a cataract are three: that of couching or depression; that of extraction; and that of, what is called, absorption. The first was well known to the practitioners of Greece and Rome; and is ably described by Celsus, who advises, in cases where the lens cannot be kept down, to cut it into pieces with the sharp-edged needle, by which means it will be the more readily absorbed. And, from this last remark, we have some reason for believing, that even the third of the above methods, that of absorption, was also known at the same time; as it is probable, indeed, that the second, or the operation by extraction, was likewise; since we find Pliny recommending the process of simple removal or depression in preference to that of extraction or drawing it forth; "squamam in oculis emovendam potius quàm extrahendam *," which Holland has thus honestly, though paraphrastically translated, "a cataract or pearl in the eye is to be couched rather, and driven down by the needle, than quite to be plucked forth."

In the East, however, both these plans appear to have been pursued through a much longer period. Both are noticed by the Arabian writers in general, and especially by Avicenna and Rhazes; and both seem to have been practised from time immemorial in India, and, according to the account of the cabirajas, with wonderful success. Dr. Scott was informed by one of the travelling operators, who, however, spoke without a register, that, in the operation of depression, this success was in the proportion of a hundred, who were benefited, to five, who obtained no advantage whatever.

[*Extraction* consists in making an incision through the cornea, dividing the crystalline capsule, and letting the lens escape through the pupil, and the opening made in the cornea.

There is a particular modification of couching, or depression, that was first suggested and practised by Willburg, and named *reclination*: in this the lens is not pushed downwards in a straight direction, but is turned on its axis, so as to be placed horizontally in the vitreous humour, behind the lower part of the iris, or, as is sometimes advised, at the bottom of the vitreous humour, between the inferior and external straight muscles. † In this operation, the posterior surface of the lens is turned downwards; the anterior upwards; the superior margin is backwards; the inferior forwards.]

One form of extraction was introduced as an improvement by Sir William Adams: after detaching the cataract, he first passed

GEN. I.
SPEC. IX.
Paropsis cataracta.

Usual modes of operating. Couching; or depression. Extraction. Absorption. Couching known to the Greeks and Romans: probably absorption: and extraction.

Depression and extraction known immemorially in the East.

Reclination.

Method of extraction by Adams.

* Nat. Hist., lib. xxix. cap. 1.

† Frick, on Diseases of the Eye, 2d edit. by Welbank, p. 200.

GEN. I.
SPEC. IX.
Paropsis cata-
racta.

Method of
absorption most
advisable: and
why.

The precipita-
tion of Maitre-
Jan.

Solvent power
of the aqueous
humour highly
active: that of
the vitreous
humour weak.
Principle of
this method as
practised by
Adams.

Cataract some-
times very
rapidly dis-
solved and
carried off.

it through the opening of the pupil into the anterior chamber by means of his needle, and then extracted it by an opening on the outer side of the cornea, instead of by one in its inferior part. The method is now very properly abandoned.

The simplest and least irritating of these operations, however, is that by absorption, as it is now commonly called: it was named precipitation by Maître-Jan*, on his first noticing the disappearance of portions of the opaque lens; but which in effect is neither absorption nor precipitation, but SOLUTION, or dissolution, as Mr. Pott correctly described it. But it should be known to the operator, that while the solvent power of the aqueous humour is wonderfully active, that of the vitreous is weak and inconsiderable: and hence the solvent or absorbent plan, practised by Scarpa, consists in dividing the cataract, after its separation, into small fragments, and passing them with the needle by which they are thus divided, through the pupil into the anterior chamber, which constitutes the seat of the aqueous humour, apparently in perfect coincidence with the method first practised by Gleize, and since recommended by Richter.† The fragments thus deposited are usually dissolved in a few weeks; and where the cataract is fluid, they have often been dissolved and absorbed in a few seconds, and sometimes even before the needle has been withdrawn.

[In the proceeding by *absorption*, or *solution*, as it is sometimes termed, the needle may be introduced either through the cornea and pupil, or behind the iris, as it is in the operation of depression, the pupil having been first dilated with belladonna. These two methods are distinguished by the appellations of the anterior and posterior operations. The anterior operation, invented by Buchorn‡, or rather by Conradi, has been named *keratonyxis*; a term derived from the Greek, and signifying puncture of the cornea. This practice was introduced into this country by Mr. Saunders, who does not seem to have been aware that it had ever been done abroad. No person who understands the subject, would advise either of these operations to be exclusively employed. Each method has its advantages, and is eligible under certain circumstances: our object then should be, not to select one operation, with the view of practising it in all cases; but to consider the circumstances which make one preferable to the other, and to select in each instance that which is best suited to the particular form of the complaint. §

The principles, which should determine the preference in individual cases, and the details of the several operations, must be sought in works on surgery.]

* *Traité des Maladies de l'Œil*. Edit. sec. Troyes, 1711.

† *Chirurgische Bibliothek*, band x.

‡ Buchorn de Keratonyxie. Halæ, 1806.

§ See Lawrence, on Diseases of the Eye, p. 417.

Keratonyxis.

No mode of
operating al-
ways the best.

SPECIES X.

PAROPSIS SYNIZESIS.

CLOSED PUPIL.

DIMNESS OR ABOLITION OF SIGHT FROM CONTRACTION OR OBLITERATION OF THE PUPIL.

THE term SYNIZESIS is derived from συνίζω, “consido, coëo, coalesco;” and was used among the Greek grammarians, before it obtained an introduction into the medical vocabulary, to signify the coalescence of two or more syllables into one. [The pupil may be simply contracted or closed; or these changes may be combined with opacity of the lens or capsule, with an adventitious membrane in the pupil, with adhesion of the iris either to the capsule (synechia posterior), or the cornea (synechia anterior), with protrusion of the iris, displacement of the pupil, or opacity of the cornea. All these conditions of the eye are the consequence of severe inflammation, either external or internal. As Mr. Lawrence correctly observes, it must also be recollected, that this serious inflammation may not have confined itself to the production of the foregoing evils, but extended its effects to the nervous structure of the eye, or to other parts of the organ. Hence, says he, it is necessary to ascertain correctly whether the loss of vision is produced by the changes of the pupil only, before a decision is made about an attempt to form an artificial pupil.] This species exhibits two varieties:—

GEN. I.
SPEC. X.
Origin of the
specific term.

- | | |
|---|---|
| <p>α Simplex.
Simple closed pupil.</p> <p>β Complicata.
Complicated closed pupil.</p> | <p>Simple closure of the pupil.</p> <p>Closure of the pupil complicated with cataract, opaque cornea, or other changes specified above.</p> |
|---|---|

The pupil sometimes becomes closed or obliterated from a gradual contraction, and at length coalition, of the muscular fibres of the iris, unattended with any other change or impairment of the eye. In all these cases, it is a SIMPLE OBLITERATION OF THE PUPIL. It is COMPLICATED when the obliteration is combined with an opacity of the cornea, with a cataract, with adhesions of the iris to the cornea or capsule of the lens, &c. When the disease is an effect of inflammation, it forms the ATRESIA IRIDIS of Dr. Schmidt of Vienna, who further subdivides it into *complete*, *incomplete*, and *partial*, according as the vision is totally destroyed, impaired, or confined to a part of the pupil.*

α P. Synizesis simplex.

β P. Synizesis complicata.

Atresia iridis of Schmidt.

The natural shape of the human pupil is circular, this being the natural form of the fine fringe of the iris by which it is surrounded. But, in a few instances, the fringe or rays of the iris have evinced a different figure, and the pupil, in consequence, has

Form of the pupil changed by the disease.

* Ueber Nachstaar und Iritis nach Staaroperationen. 4to. Wien, 1801.

GEN. I.

SPEC. X.

β P. Synizesis
complicata.Has been
found eonge-
nital and here-
ditary.Double pupils
how produced.

Pupil five-fold.

Medical treat-
ment of the
first variety.The second ap-
pertains to
surgery.Corotomia, co-
rectomia, coro-
dialysis.The last, Rei-
singer's me-
thod.

been found oblong, or heart-shaped.* The first has occurred most frequently, and, according to Albinus, has sometimes preceded loss of vision.† Bloch gives an instance, in which the disease was congenital and hereditary.‡

If the iris contract irregularly, sometimes only a few of its fibres spread across the pupil, while others are retracted: and hence we have examples of double or more than double pupils, though of smaller dimensions than the natural circle. Solinus gives an instance of two pupils hereby produced§, and Janin of not less than five.||

Medicines in this disease are of little avail. In the first variety, an external application of the tincture of belladonna, or a solution of stramonium, which is said to answer the same purpose¶, has occasionally effected a cure by destroying the contractile action; and so have dilute solutions of brandy, camphor, or sulphate of zinc, by their tonic or stimulant power. When the disease does not yield to this mode of treatment, or consists of the complicated variety, it belongs manifestly to the art of surgery, and its removal must be sought for in books on that subject: among the best of which may be mentioned, Mackenzie's Treatise on Diseases of the Eye; Lawrence's work on the same subject; Mr. Guthrie's Lectures on the Eye, and Beer's Essay on Staphyloma and Artificial Pupil, published in 1804**, and his Doctrine of the Diseases of the Eye, published in 1817.†† According to the nature of the coalition, Beer employs three varieties of operation, incision, excision, and separation, which he distinguishes by the names of COROTOMIA, CORECTOMIA, and CORODIALYSIS. The first is the simplest, and that most usually had recourse to. In the second, an incision being made, with a cataract knife, close to the edge of the cornea, and not larger than the third part of its circumference, the iris, if it protrude, is laid hold of with the hook; or, if no protrusion take place, the hook, introduced through the incision, is made to lay hold of the pupillary edge of the iris, which drags it through the wound when a sufficient portion of it is removed with a pair of scissors. In the third method, which is that originally proposed by Dr. Reisinger, the operation is performed with a double hook or hook forceps.‡‡

* Eph. Nat. Cur. Dec. III. ann. VII. VIII. obs. 21.

† Anat. Acad., lib. VI. cap. 3.

‡ Medizinische Bemerkungen, p. 1.

§ Vide Mareel. Donat., lib. VI. cap. 2. p. 619.

|| Mémoires, &c.

¶ Annual Report of the Liverpool Institution for Diseases of the Eye. By Alexander Hannay, M.D., 1822.

** Ansicht der Staphylomatoien Metamorphosen des Auges, und der Künstlichen Pupillenbildung. Also particularly G. J. Guthrie on the Operations for the Formation of an Artificial Pupil. 8vo. Lond. 1819; and Lawrence's Treatise on Diseases of the Eye, p. 452. et seq. 8vo. Lond. 1833.

†† Lehre von der Augenkrankheiten, &c. ut supra.

‡‡ See also D. Weller's Treatise Ueber künstliche Pupillen, und eine besondere Methode, diese fertigen; published in Langenbeck's Neue Bibliothek., b. II. st. 4. See also Dr. Schlagintweit Ueber den gegenwärtigen Zustand der künstlichen Pupillenbildung, &c. München, 1818.

SPECIES XI.
PAROPSIS AMAUROSIS.
DROP SERENE.

DIMNESS OR ABOLITION OF SIGHT, RESULTING FROM AN AFFECTION OF THE NERVOUS STRUCTURE OF THE EYE, WHETHER SEATED IN THE RETINA, OPTIC NERVE, OR BRAIN; AND WHETHER DIRECTLY THE RESULT OF ORGANIC CHANGES IN THOSE PARTS THEMSELVES, OR INDIRECTLY THE EFFECT OF THEIR SYMPATHY WITH DISORDER OF OTHER ORGANS.

THIS is the GUTTA SERENA of the Arabic writers, whence the term “ Drop Serene,” of our own tongue ; terms we have already explained under PAROPSIS CATARACTA. Milton is well known to allude to this affection in his beautiful address to light, as he does also to the cataract by him called *suffusion*, as the Latins call it *suffusio* ; but it is singular that, in the course of this allusion, he seems doubtful as to which of the two diseases he ought to ascribe his own blindness : —

 Thee I revisit safe,
And feel thy sovereign vital lamp ; but thou
Revisit'st not these eyes, that roll in vain
To find thy piercing ray, and find no dawn.
So thick a DROP SERENE has quench'd their orbs,
Or dim SUFFUSION veil'd.*

GEN. I.
SPEC. XI.
The gutta serena of the Arabians.
Confounded by Milton with cataract or suffusion.

The term AMAUROSIS is derived from the Greek *αμαυρός*, “ ob-
scurus, caliginosus, opacus.” The most common cause is a para-
lysis of the retina, usually in conjunction with a paralysis and dilat-
ation of the iris. Occasionally, however, this is rigidly contracted.
From the different degree in which the disease presents itself, and
from its assuming, at times, an intermittent type, it has three prin-
cipal varieties : —

Origin of the
specific term.
Ordinary
cause.

- | | |
|-------------------------|----------------------------|
| α Perfecta. | Attended with total blind- |
| Complete amaurosis. | ness. |
| β Imperfecta. | With vision impaired, but |
| Incomplete amaurosis. | not altogether destroyed. |
| γ Intermittens. | With periodical cessations |
| Intermittent amaurosis. | and returns. |

Plenck makes a distinct disease of an unalterable pupil, *with* or *without* injury of the vision, under the name of MYDRIASIS. When accompanied with injured vision, it is evidently a variety of amaurosis ; and it is questionable whether an unalterable pupil is ever to be traced without defective vision.

Mydriasis of
Plenck.

It is probably to the cases, attended with contraction of the pupil, that Shakspeare chiefly alludes by the term *pin* or *pin-eye*, the pupil being sometimes contracted to nearly the diameter of a

Pin or pin-eye,
what.

* Par. Lost, III. 21.

GEN. I.
SPEC. XI.
Paropsis amaurosis.

pin's head; though the synizesis is equally entitled to the name. I have quoted one example already under P. Caligo, which he calls web-eye; another is contained in the following couplet:—

— Wish all eyes
Blind with the PIN and WEB.

The terms
atonic and
spasmodic
amaurosis ob-
jectionable.

[In the former editions of this work, the author made the state of the pupil the ground of two of his varieties of amaurosis. When the pupil was dilated, the amaurosis was termed *atonic*; when contracted, *spasmodic*. Thus the iris was more attended to, than the real seat of the disease, and incidental changes were mistaken for essential ones, and considered to be absolutely dependent upon atony and spasm. These errors the editor is happy to have the opportunity of expunging; and in their place he has substituted the two varieties of *perfect* and *imperfect amaurosis*, as cases admitted by every modern writer on diseases of the eye, and the distinct consideration of which is highly useful in practice. The *intermittent* amaurosis, the third variety adopted by the author, remains, though the principal examples of it are comprised in the subjects of day-blindness and night-blindness. Other better-founded and more practical distinctions, than those formerly given by our author, are the *organic*, and the *sympathetic* or *functional*; the former depending upon a diseased state of the retina or optic nerve; the latter consisting of a suspension of the functions of the nervous structure of the organ of vision, in consequence of the influence of the disease or disorder of some other part of the body on the eye. This last case is also sometimes denominated *symptomatic* amaurosis, being the mere effect of another disease, which is the primary one. In this point of view, the loss of vision, or paralysis of the retina, from various organic changes affecting the whole eye-ball, as hydrophthalmia, fungus hæmatodes, &c., may be considered as a symptomatic amaurosis. Besides the important division of this disease into the *perfect* and *imperfect*, *organic* and *functional* varieties, some others, not noticed by our author, cannot be overlooked by the practitioner, because they make very considerable differences in the prognosis. The further distinctions, here alluded to, are those of *recent* and *inveterate*, and of *complicated* amaurosis.

Functional and
organic amaurosis.

Symptomatic.

Recent and in-
veterate amaurosis.

Ordinary symptoms of
amaurosis.

Amaurosis is generally characterised by a very dilated state of the pupil, which is frequently not affected by any degree of light that is made to fall upon the retina. Sometimes the pupil is extraordinarily contracted. Hence, as already stated, the varieties formerly selected by the author of this work were badly chosen; because they were founded, not upon any intelligible differences in the condition of the retina, but upon incidental states of the iris. His second or *spasmodic* variety, indeed, as far as the definition went, might have signified rather synizesis, or impediment to vision from great and permanent contraction of the pupil. In amaurosis the pupil seldom retains its circular form, but becomes more or less irregular or angular. Neither does it commonly exhibit the clear appearance of a sound eye, but a grayish, or dark green hue, resembling what is observable in the eye of a horse. In certain examples, a whitish or greenish-yellow spot is perceptible apparently in the fundus of the eye, and a little to one side of the visual

Pupil irregular
and not clear.

axis, with a splendid disk, like the tapetum of sheep, or the coloured choroid of fishes. Another change in the pupil, noticed by Beer and all the most correct writers on amaurosis, is an alteration in its position: it is mostly drawn towards the internal and superior portion of the eye. The iris is in general very sluggish, or absolutely motionless; but in a few cases it preserves its usual power of motion*, and sometimes acts with greater rapidity than in a healthy eye. Amaurosis is ordinarily preceded by certain defects in the sight, and illusive appearances before the eye. One of the most important is what is termed by writers the *visus interruptus*. Thus, in reading, it seems to the patient as if syllables, words, or whole lines were deficient; and he is obliged to move the eye, or head, ere he can discern what seems wanting. If he look upon any other object, he will seldom see the whole of it, unless he make a similar motion of his eye or head. On other occasions, he will see the whole of the object, when it is held in a particular direction, but he loses it again as soon as this is altered.

A common precursor of amaurosis is an appearance as if motes or small bodies were incessantly moving about in front of the eye. This is the *visus muscarum*, or *muscæ volitantes* of surgical writers. When it is a dark-coloured speck, that the patient fancies to interrupt his sight, it receives the technical name of *scotoma*; for appearances of this kind may be either single or very numerous, and of diversified shapes. They are most troublesome when the patient looks at very bright or light-coloured surfaces. In incipient amaurosis every object frequently appears to the patient as if it were surrounded by a zone of variegated colours; but sometimes things have a different look, seeming as if they were enveloped in a mist, gauze, or network. In many cases, single objects appear to be double: this defect of vision is termed *visus duplicatus*, and proceeds from impairment of the faculty, by which the axis of vision in each eye is made to adapt itself to the object looked at.

Amaurosis may present itself as an uncombined local affection of the optic nerve or retina, or as conjoined with some other disease of the organ or general system. Amongst the local complications are to be noticed cataract, fungus hæmatodes of the eye, glaucosis, cirsophthalmia, hydrophthalmia, exophthalmos, atrophy, paralysis of one or more muscles of the eyeball or lids, ophthalmitis, &c. The general complications especially meriting enumeration are, diseases of the nervous system, the debility from typhoid and other fevers, hydrocephalus, organic and functional diseases of the abdominal viscera, worms, pregnancy, and diseases of the brain and cranium.

Amaurosis is not restricted to any particular age or sex. Perhaps, on the whole, persons of middle age are most liable to it. Children are less liable to the disease than adults, but congenital cases are upon record. In Germany, an opinion prevails, that dark-coloured eyes are more frequently attacked by amaurosis, than those of light colour. A tendency to the disorder is produced by pregnancy, by every kind of immoderate exertion of the eyes on small or shining objects, a full habit, and whatever has the effect

GEN. I.
SPEC. XI.
Paropsis
amaurosis.
Position of
pupil altered.
Affections of
the iris.

Defects of
vision in the
early stage.

Muscæ volitantes, &c.

Other illusive
appearances to
the eye.

Complications.

Disease not
restricted to
age or sex.
Dark eyes most
subject to it.
Predisposing
and other
causes.

* Caldani ad Haller. vide Richter, Nov. Comm. Soc. Goett., tom. iv. p. 79. Hey. Med. Obs. and Inq., vol. 5.

GEN. I.
SPEC. XI.
Paropsis
amaurosis.
Some cases
regarded as the
effect of slow
inflammation
of the retina.

Debilitating
causes.

Sympathy of
the eyes with
the stomach.
Worms.

The disease in
this country
less frequently
dependent on
gastric disorder,
than in Italy
and Germany.

Influence of
hereditary
disposition.

Deficiency of
pigmentum
nigrum.

Prognosis.

of keeping up a great determination of blood to the head and eyes. Mr. Lawrence considers organic amaurosis as not essentially different from a very slow insidious inflammation of the retina, and not a disease of debility, as represented by numerous writers. His opinion on the pathology of amaurosis of course has great influence on the practice which he particularly inculcates; and which, in the early stage, is generally antiphlogistic; in the second, mercurial.*

The doctrine most usually adopted, however, refers a certain class of cases to debilitating causes; as typhoid fevers, profuse discharges or evacuations, excessive venery, the suckling of infants, &c.

That particular articles of food or medicine will produce amaurosis sympathetically is amply proved. It is true, that, in some of the examples of this fact, we are obliged to suppose the existence of an idiosyncrasy; as when a person is affected with blindness whenever he takes rhubarb or bitters, which have not the slightest effect upon the sight of other persons. The sympathy of the eyes with the stomach and intestines is often illustrated in cases of worms, which, according to the admission of every writer, are not an unfrequent occasion of amaurosis. A child has been known to become amaurotic from accidentally swallowing a bead, and to regain sight on the foreign body being voided by means of an emetic. In Germany and Italy, indeed, the opinion that amaurosis is very frequently prevalent on gastric disorder has been entertained to a great and perhaps an unwarrantable extent; we say unwarrantable, because, in this country, experience does not furnish evidence of the efficacy of the treatment which the doctrine naturally points out, and which, in the hands of Selmi, Richter, and Searpa, has proved remarkably successful. Beer himself had little faith in the opinion, except in relation to the amaurosis from worms; and, in this metropolis, repeated trials of the emetic practice have not created an impression in its favour.

The great influence of hereditary disposition in producing amaurosis has been remarked by all the most correct observers. Beer in particular adverts to the frequent examples of this fact, and mentions a certain family, in which all the females who had not had children became amaurotic about the period of the cessation of the menses; and, what is very remarkable, it is stated, that this had been the case through three generations.

One form of imperfect amaurosis, named amblyopia senilis, is ascribed by Beer to deficiency of the pigmentum nigrum. This case is commonly attended with a tremulous or vibratory motion of the globe, the admission of light produces great uneasiness, and vision is seriously weakened. It is usually met with only in old persons; but sometimes occurs in others after fevers, and in the last stage of consumption.† Although it is declared to be incurable, the power of vision may be very usefully assisted with cylindrical shades, goggles, and other contrivances calculated to absorb light.

An amaurosis, rarely cured, is that arising from blows on the eyebrow, or injury of the frontal nerve. All cases, likewise, de-

* See Treatise on the Diseases of the Eye. 8vo. 1833.

† Vetch on Diseases of the Eye, p. 144.

pending upon organic changes in the eye itself, optic nerve, brain, or orbit, do not admit of relief. The prognosis in every instance of complete amaurosis is unfavourable. The functional and sympathetic forms of the complaint are generally more easy of cure than the organic; but whether they can be relieved, or not, will depend upon the circumstance, whether the original complaint in another part of the body, with which they are connected, can itself be removed or not. The length of time that the loss of sight has prevailed, will also materially influence the prognosis. Generally speaking, amaurosis that has been formed recently and suddenly, but without violence or immoderate previous inflammation of the eye, is more easily cured, than that which has come on with greater slowness. The disease is absolutely incurable, when accompanied by any change in the shape and dimensions of the eyeball. When amaurosis affects only one eye, unless it be from sympathy with a neighbouring part*, as a carious tooth, the other eye is in great danger of being also attacked. The occasional mobility of the iris in this disease, and a moderate dilatation of the pupil, are no proof that the amaurosis will be more easily cured; for the iris often regains its mobility without the least improvement in vision, and sometimes the eyesight may improve, though the iris continue sluggish or even motionless.

The treatment of amaurosis must of course be regulated by the view taken of the causes of the disease. Thus, notwithstanding the fact, that emetics have not proved as successful in this country as they have abroad, they should be prescribed when bilious disorder of the gastric organs is evidently present, and unaccompanied with much determination of blood to the head. Richter has recorded the case of a priest, who became suddenly blind in a fit of passion, but recovered his sight immediately after taking an emetic. Schmücker cured many cases by a combination of the emetic and antiphlogistic practice, and the evidence of Scarpa is strongly in favour of the same method. In general, it is to be taken into the account, that emetics and bleeding have been assisted with the simultaneous exhibition of purgatives, so that it would be assuming too much in numerous examples to refer the success of the practice altogether to the emetics. Purgatives are, on the whole, in far greater repute for their good effects on amaurotic disorders, than the free employment of tartarized antimony. They are particularly indicated when there is much disorder of the primæ viæ, when the disease is attended with habitual costiveness, and any manifestly increased determination of blood to the brain and eyes. This state may be presumed to exist whenever amaurosis is connected with the suppression of any accustomed discharge, as of the menses, bleeding from piles, secretion of matter from an old ulcer, &c. The origin of the greater number of cases of amaurosis, that is to say, of those which directly affect the retina or optic nerve, is ascribed by Mr. Lawrence to vascular excitement, to congestion, or even a slow inflammation of the nervous structure constituting the seat of vision. His practice, therefore, in such instances, is at first decidedly antiphlogistic, comprehending local and general bleeding, purgatives,

GEN. I.
SPEC. XI.
Paropsis
amaurosis.

Emetics.

Purgatives.

Antiphlogistic
practice.

* See Wardrop's Essays on the Morbid Anatomy of the Eye; and Frick on Diseases of the Eye, by Welbank, p. 150. 2d edit.

GEN. I.

SPEC. XI.

Paropsis
amaurosis.

Mercury.

To be modified
according to
circumstances.

low diet, &c., afterwards followed up by the free use of mercury, aided with blisters or a seton.

This mode of treatment, however, he recommends to be graduated according to the violence of the attack, the constitution, age, and strength of the individual, and other circumstances. It must not be supposed, he observes, that all amaurotic patients require to be bled and salivated. When we meet with the affection in the form of active inflammation of the retina, more especially in young and vigorous individuals of full habit, where there are obvious marks of local vascular congestion and constitutional excitement, the antiphlogistic treatment cannot be too active, or too quickly followed up. Amaurosis often comes on in a slow and very insidious manner in persons of enfeebled constitution: the organ suffers from habitual excessive exertion, at the same time that the constitution is depressed by residence in confined dwellings, bad air, by sedentary occupations, unwholesome diet, costiveness, and other hurtful influences. In the treatment of a thin, pallid, feeble woman, who had destroyed her health by close confinement to needle-work, less active measures would be required. Emptying the alimentary canal, perhaps, taking away a little blood by cupping, or by leeches to the temples, and then using mercury in the alterative manner, with mild aperients, would here be the best plan. Mr. Lawrence recommends a few grains of Plummer's pill to be given every night, or every second night, and the bowels to be kept open with occasional doses of electuary, castor oil, or rhubarb and magnesia. The blue pill, he says, may be taken in combination with aloes, or the compound extract of colocynth. It may be necessary to persevere with the mercury, slowly increasing the dose, until the mouth is slightly affected. A nutritious diet without stimuli, good air and exercise, and repose of the organ, Mr. Lawrence deems important auxiliaries. With these means may be joined a succession of moderate-sized blisters. After mild antiphlogistic means, and the alimentary canal has been cleared, it may be expedient to combine tonics with aperients, as rhubarb with bark, columba, or cascarrilla, and allow a generous diet, with a little porter and wine. Dr. Frick has seen much benefit from mercury or calomel in those cases of incipient amaurosis, which come on with deep seated pain in the head and orbit, more particularly when such pain is found to intermit.*

Aperients,
cupping, and
leeches.
Mercurial
alteratives.

Blisters.

Tonics.

Mercury for
cases attended
with intermit-
ting pain.Local appli-
cations.

Sternutatories.

Although modern practitioners place little reliance on the real utility of various local stimulating applications in the treatment of amaurosis, and not much more on electricity, galvanism, and several internal medicines, once supposed to have a specific effect in removing blindness, the editor has considered it right not to suppress the following remarks delivered by the author, as they bring before us many plans which have occasionally been strongly commended.]

Sternutatories demand attention: they are best formed of turbeth mineral, with about ten times its proportion of mild snuff, or any other light powder. The vapour of ammonia, ether, or camphor, mixed with hot water, has sometimes also afforded benefit; as has probably the use of moxa frequently repeated, so warmly

* On Diseases of the Eye, 2d edit. by Welbank, p. 153.

recommended by Baron Larrey. "By this remedy," says he, "not only has the progress of amaurosis been arrested, but in some cases removed, even where the blindness was complete." *

Professor Beer † is minute in describing the modifications that proceed from plethora, and a morbid state of the digestive organs; but gives a still more copious detail of that which depends upon local rheumatism, and which he hence calls the rheumatic amaurosis. In this he remarks, that the pupil is perfectly clear, and the iris unalterable, slightly dilated, and thrust a little nearer the nose and the eyebrow than naturally, so as to be in a small degree displaced inwards and upwards. The tears flow on slight occasions, and the light is often troublesome, accompanied with an aching pain in the eyeball. The movement of the eye is impeded, and more in one direction than in others. This modification rarely proceeds to perfect blindness.

The rheumatic form is frequently treated with success, and principally by diaphoretics. Beer employs guaiacum and camphor combined during the day, and Dover's powder at night; and with these he has recourse also to blisters, placed in succession behind the ear, on the temple, and over the eyebrow, so as to maintain a catenation of counter-irritative actions. Both this and the plethoric modification, in which local bleeding is of the utmost benefit, are frequently hurried on to a complete development of disease, and a total insensibility of the retina by stimulants, and particularly by galvanism and electricity.

Where it has followed repelled eruptions, it has also been occasionally found to yield to setons and blisters, or a restoration of the suppressed efflorescence; and, as in other diseases, what has sometimes proved the source of its production has been found its best remedy; so that the cause has become the cure. Thus it has at times yielded to the violence of a fever, to that of a sudden blow on the head, to a strong light, to a paroxysm of convulsions. Electricity, and especially voltaism, has probably been serviceable in some instances; at least, the assertions to this effect are very numerous, though in various cases both these have sometimes been altogether unsuccessful, and, as just observed, sometimes highly mischievous. Nor is the magnet without its recommendations, having been applied to the upper part of the spine, while minute bags filled with iron filings were placed on the eyes. ‡ The chief dependences, besides these, have been on camphor, cajeput, musk, mercury, iron, bark, arnica, and externally the *pulsatilla nigra*. Collier employed the flowers of arnica in decoction § in the proportion of about half an ounce to a pint of the strained liquid, which may be taken in a day or a day and a half. Richter, Schmücker, and other German writers declare it to be of no avail. The *pulsatilla* is certainly better entitled to attention. "I would recommend it," says Dr. Cullen, with his usual liberality, "to the attention of my countrymen, and particularly to a repetition of

GEN I.
SPEC. XI.
Paropsis
amaurosis.
Moxa.
Rheumatic
amaurosis of
Beer.

Diaphoretics.
Dover's powder with blisters.
Stimulants injurious in several modifications.
Stimulant vapours.
Setons, when useful.
The occasional cause in some cases an occasional cure in others.
Electricity.

Magnetism.

Internal tonics and stimulants.

Pulsatilla entitled to further trial.

* Recueil des Mémoires de Chirurgie, &c. Paris, 8vo. 1821.

† Lehre von den Augenkrankheiten, &c.

‡ Wirkung des Kunstlichen Magnets, &c. pp. 24, 25. Hell. v. Nootnagel, 1. c. § 22. Eph. Nat. Cur. Dec. 11. ann. v. obs. 247.

§ Prodigious Enlargement and Dropsy of the Eye. Dr. Layard, Phil. Trans. 1757-8, vol. 1. p. 747.

GEN. I.
SPEC. XI.
Paropsis
amaurosis.

Euphrasia little
entitled to the
name.

Rue.

Narcotics.

Union of anti-
monials and
blisters.

Instance of
temporary scin-
tillation from
emetics:
and of partial
recovery of the
motory power
of the iris.

Hearing some-
times acute.
Explained.

trials in that disease so frequently otherwise incurable, the amaurosis. The negative experiments of Bergius and others are not sufficient to discourage all trials, considering that the disease may depend upon different causes, some of which may yield to remedies though others do not.* When distilled with water it gives forth a terebinthinate substance resembling camphor, which necessarily possesses a stimulant, and hence a medicinal power. Whence the *euphrasia officinalis*, or eye-bright, obtained the character it once possessed as a specific in this disease, it is difficult to say. By Hildanus and Lieutaud, however, it was chiefly confined, even in its zenith of popularity, to the amaurosis of old age. Its chief sensible quality is that of being a mild astringent. Rue, which rivalled it at one time, and by Milton is put upon a level with it, has far better pretensions when used externally in the form of a potent infusion; for it unites the properties of volatile pungency and bitterness: both which, as concentrated in strong chamomile tea, I have occasionally found highly serviceable in an incipient state of this disease produced by weakness; though, as already remarked, none of these should be employed in several forms of the disease.

With respect to narcotics, the aconite has been chiefly popular in Germany: it has been strongly recommended by many writers of reputation, and has sometimes been given by gradual augmentation to the amount of a drachm daily.† Chevillard combined the use of antimonials with blisters; but cold applied externally, and cold bathing, as recommended by Warner, is much entitled to our attention.

Dr. Powell relates a case of sudden loss of vision, preceded by an acute cephalæa, in which an emetic was found, during the act of vomiting, abruptly to restore sight to the right eye (for both were affected) with a sensation as if a flash of lightning had taken place, but the vision was soon again lost. More than a twelve-month afterwards, the patient returned to emetics; when, after the use of the second, the pupils of the eyes recovered the power of dilating and contracting on exposure to light, and preserved it till death, but the power of vision was not restored. During the whole of this case of blindness, the sense of hearing was peculiarly acute.‡ The discovery of Dr. Bock, that a few nervous filaments, appertaining to the great sympathetic nerve, are thrown off while this nerve is within the cavernous sinus, and entering the orbit unite with the lenticular ganglion, may account for these remote influences; the ear, as is frequently the case, sympathising with the morbid state of the eye either directly or reversely.§

* Mat. Med., vol. ii. part ii. chap. v. p. 216.

† Beobachtungen und Untersuchungen, &c. band ii. Nuremb. 1767. All faith in the virtue of these medicines against amaurosis, is, at the present day, totally abandoned. — Ed.

‡ Trans. Med., vol. v. p. 226.

§ Beschreibung des fünften Nervenpaares und seiner Verbindungen mit anderen Nerven, &c. von D. A. Carl Bock. Leipsic, 1817.

SPECIES XII.

PAROPSIS STRABISMUS.

SQUINTING.

OPTIC AXES OF THE EYES NOT COINCIDING ON AN OBJECT.

THIS disease, in colloquial language now called *squinting*, was formerly denominated *goggle-eye*, whence the word *goggles* is still applied to the glasses which are used by persons affected with the complaint. The French called these glasses *masques à louchette*, literally *squinting-guards*. The technical term STRABISMUS is derived from the Greek στρεβός, "tortus oculis," or "sight-twisted."

The optic axis is an imaginary line passing from the centre of the vitreous humour, lens, and globe of the eye to the object of vision. In perfect vision the optic axis of the one eye is in unison with that of the other; and, consequently, they converge or coincide at the same point; and the object which would otherwise appear double, as being seen by each eye, is contemplated as single. In order to this coincidence, the muscles of each eye must constantly assume the same direction, their position and configuration be precisely alike, and the sight be of an equal power and focus: a deviation from each of which postulates must necessarily produce squinting, or an inaccordant action of one eye with the other. From common and early habit, we acquire an equal command over the muscles of both, and are able to give them any direction, or power of direction, and to fix them upon any object we please. And such is the force of habit, that they at length involuntarily associate in the same action, and it is difficult for us to give to the one eye a different direction from that of the other; or, in other words, to make their optic axes diverge instead of converge. In persons born blind, no benefit can be derived from this unity of action, and hence it is never attempted; and the muscles being never subjected to discipline, the eyeballs roll at random, and wander in every direction. In consequence of which, one of the most difficult tasks to be acquired by such persons, after obtaining sight, is that of keeping their eyes fixed, and giving the same bearing or convergent line to each. And hence, again, they see things double at first, and in a state of great confusion.

When one eye is naturally stronger, or of a more favourable focus, or more frequently employed than the other, as among watchmakers and jewellers, the latter, from comparative neglect, relapses into an undisciplined state, and less readily obeys the control of the will. Its muscles do not assume the same direction as those of the eye employed; and if they do, in the two former cases, the object still appears double; and hence the neglected or weaker eye wanders and starts at one or at various objects, while the eye relied upon is fixed upon some other. And it is this divergence of the optic axes, this inaccordance of direction, or

GEN. I.
SPEC. XII.

Formerly named goggle-eye: whence the term goggles, by the French called masques à louchette.

Origin of the technical term.

Physiology. Why objects appear single though seen by both eyes.

Both eyes from habit associate in the same action: and hence difficult to give them a different direction.

No such association in persons born blind: whence the difficulty of fixing both eyes to the same object on their obtaining sight.

A like want of habit where one eye is naturally stronger than the other, and hence chiefly or alone trusted to: whence the weaker eye wanders from the proper direction.

GEN. I.
SPEC. XII.
Paropsis
strabismus.
This inaccor-
dance of direc-
tion constitutes
squinting.

looking at different objects at the same time, that constitutes the present disease. *

It is obvious, therefore, that strabismus may have three varieties :—

α Habitualis.
Habitual squinting.

From a vitiated habit ; or the custom of using one eye, and neglecting the other.

β Atonicus.
Atonic squinting.

From debility of the affected eye, whence the sound eye possesses a different focus and power of vision ; and is alone trusted to : in consequence of which the weak or neglected eye insensibly wanders as already stated.

γ Organicus.
Organic squinting.

From the eye being differently constructed in form or position. †

α P. Strabismus
habitualis.

The nystagmus
of Plenck.

β P. Strabismus
atonicus.

The FIRST of these VARIETIES constitutes the NYSTAGMUS of Dr. Plenck, and its cause is sufficiently obvious. In the SECOND, the sound eye is alone trusted to, because it is the only eye on which any dependence can be placed ; and hence the weak eye, neglected by the will, wanders insensibly, as in the preceding order we have seen, that any one of the mental faculties will wander in like manner under the same want of discipline. [It has been ascertained by experiment, that, in individuals who have a

* When the axis of the eyes of persons who do not squint, and sometimes also of amaurotic individuals, are directed in different lines, objects are seen double: squinting persons, however, do not see objects double. Yet the principal reason assigned for the singular phenomenon, that the images impressed upon the two eyes excite only one image in the mind, is, that the two images fall upon corresponding points of the retina. The probability therefore is, that, in a squinting person, both eyes do not see the object looked at. In many cases, as Sir Everard Home has remarked, “ this is pretty evident to a bystander, who is able to determine, that the direction of one of the eyes differs so much from that of the other, that it is impossible for the rays of light from any object to fall on the retina of both, and, therefore, that one eye does not see the object. The same thing may be proved in another way. For since a small deviation in the direction of either eye from the axis of vision produces double vision, any greater deviation must have the same effect, only increasing the distance between the two images, till it becomes so great that one eye only is directed to the object. In squinting there is evidently a greater deviation from the axes of vision than in double vision, and the object does not appear double ; it is therefore not seen by both eyes.” Phil. Trans., vol. lxxxvii. 1797. — ED.

† Besides the hypothesis here adopted in explanation of the manner in which strabismus is produced, others have been suggested. M. de la Hire conceived that the defect might arise from the more sensible part of the retina not being placed in the axis of the eye, but at some distance from it, on one side or the other ; and that, consequently, not the axis, but this more sensible part of the retina, is turned towards the object on which the axis of the other eye is fixed, so that both axes are not directed to the same point. A case of this description would, of course, be absolutely incurable. Dr. Darwin's observations rather tend to show the possibility of such a form of strabismus ; but both this hypothesis, and that of obliquity of the crystalline lens, are mostly considered to have been refuted by Dr. Jurin. Buffon refers the cause of squinting to an inequality in the goodness or in the limits of distinct vision in the two eyes ; a doctrine, the truth of which is at present generally admitted. The exclusive adoption of any one hypothesis will obviously not explain all the varieties of strabismus. — ED.

confirmed squint of this kind, one of the eyes is too imperfect to see distinctly. Of this, however, the patient is not always conscious, as was evinced in a young lady, whose case is related by Sir Everard Home. Neither she herself, nor her friends, believed that any defect of the eye existed; and upon being asked if she saw objects distinctly with her eyes, she said, certainly, but that one was stronger than the other. To ascertain the truth of this, he covered the strong eye, and gave her a book to read, when, to her astonishment, she found she could not distinguish a letter, or any other near object. More distant objects she could see, but not distinctly: when she looked at a bunch of keys in the door of a bookcase about twelve feet from her, she could see the bunch of keys, but could not tell how many there were. The obscurity of vision in one eye, then, is the cause of this common species of squinting, and may occasion this irregularity in the following way. The obscure image being so imperfectly formed in the weak eye as to excite little attention in the mind, the use of the eye, and its uniform direction to the same object with the other, may have been neglected from the beginning; for, as distinct vision was obtained at once by the perfect eye, the end was answered, and therefore there was no necessity for any exertion of the other; or, in the effort to get rid of the confused image, the muscles may have acquired an irregular and unnatural action. Under either of these circumstances, the eye is directed towards the nose, because, as Sir Everard Home remarks, this direction is determined by the superior force of the adductor muscle.] In the THIRD VARIETY, the difference of form or position respects the situation or figure of the one eye compared with the other, or of the particular parts of the one eye compared with those of the other: in consequence of which the one is favoured, and the other thrown into disuse. [Dr. Porterfield has pointed out two cases referrible to this variety, or rather constituting two distinct varieties themselves. One depends upon an oblique position of the crystalline lens within the eye, by which the image of an external object is refracted out of the line of the axis of the eye; and the other from an oblique position and greater protuberancy of the cornea, producing a similar effect.*]

In this last variety a complete cure is hardly to be expected. In the second it is attended with considerable difficulty; and in the first is rather to be accomplished by what, in mania, we have

GEN. I.
SPEC. XII.
β P. Strabismus
atonicus.

γ P. Strabismus
organicus.

* Edin. Essays, vol. iii. art. xii. "The eye may be turned inwards or outwards, towards the nose or towards the temple, the one case being termed *strabismus convergens*; the other, *strabismus divergens*. The deviation is not always confined to one eye; in some cases both are affected, the patient appearing sometimes to squint with the right eye, and at other times with the left. If the sound eye be covered, and the patient be directed to look at any object, the squinting eye resumes its proper position, and can be moved in any direction in obedience to the will; but there are instances in which this cannot be done." See Lawrence on the Diseases of the Eye, p. 574. In the junior school of the London University there is at the present time (May 1834) a boy, who squints with one eye when he looks at near objects, and with the other, when he looks at distant ones. Here it is manifest, that the power of accommodation to distances is different in the two eyes; and, consequently, that when this boy is looking at near objects, the eye adapted only to distant objects, cannot preserve any harmonious movement and position with respect to the other eye, which alone is now employed. — ED.

Mode of treatment.

Goggles seldom serviceable.

GEN. I.
SPEC. XII.
γ P. Strabismus
organicus.

A more effective
plan proposed.

called *moral* treatment, than by medicine. A constant and resolute exertion on the part of the patient to obtain a command over the weak or irregular eye is of absolute necessity, while the neglected eye itself, if weak, should be strengthened by tonics and gentle stimulants. Goggles, though often recommended, are seldom serviceable, and especially to children; for although the sight must hereby be restrained in each eye to a common line, the child will still use the sound eye alone, and leave the irregular eye unemployed. It is a better plan to affix some object near the orbit of the affected eye at such a distance, that it may constantly catch and draw off the pupil from the inner angle to the outer. [If squinting has not been confirmed by long habit, and one eye be not much worse than the other, Dr. Darwin recommends a piece of gauze, stretched on a circle of whalebone to cover the best eye some hours every day, so as to reduce distinctness of vision in this eye to a similar degree of imperfection to what exists in the other eye.] But the method that I have myself found by far the most effectual, is to blindfold the sound eye with a blink for a considerable part of every day, and thus force the affected eye into use, and a subserviency to the will. I recommend this simple plan most strongly, and especially in the case of children; and may venture to predict, that it will be sure to succeed in the first variety of the disease, that of habit, and frequently in both the others. [The same plan, which was first suggested by Dr. Jurin *, is recommended by Mr. Lawrence who mentions, however, that the squinting eye has sometimes been cured by it, but the opposite one has then become affected. As strabismus, says he, occurs from so many causes, of course, the treatment cannot be uniform. A close investigation, with the view to discover the particular cause, is a necessary preliminary to any remedial measures. When this has been accomplished, the course of treatment will be obvious; or we shall see, perhaps, that the defect cannot be remedied. In the forms of strabismus, arising from accidental irritation affecting the sensorium or alimentary canal, the treatment will of course turn upon the removal of the cause. When strabismus and double vision occur in the commencement of amaurotic affection, they will disappear, if we succeed in removing that disorder. The squinting, which is produced from change in the pupil and cornea, will hardly admit of relief. †

Dr. Darwin mentions a singular case of squinting, in which the patient was equally expert in the use of either eye, but viewed every object presented to him with only one eye at a time, and always with the eye on the side opposite the object. Thus, if the object was presented on his right side, he viewed it with his left eye; and when it was presented on his left side, he viewed it with his right eye. At the same time, Dr. Darwin found that he turned the pupil of that eye which was on the same side with the object in such a direction, that the image of the object might fall on that part of the bottom of the eye where the optic nerve enters it, and where it would of course excite no impression; and this insensible portion of the retina Dr. Darwin ascertained, by some ingenious experiments, to be four times greater in this patient than in

Singular case
treated by
Darwin.

* See Smith's Optics, Rem., p. 30.

† See Lawrence on Diseases of the Eye, p. 575.

ordinary persons. When an object was held directly before the patient, he turned his head a little to one side, and observed it with but one eye, viz. with that most distant from the object, turning away the other in the manner just mentioned; and when he became tired of examining it with that eye, he turned his head the contrary way, and observed it with the other eye alone with equal facility; but never turned the axis of both eyes on it at the same time.

For remedying this curious example, in which there was no defect in either eye, but merely a depraved habit of using both eyes separately, Dr. Darwin says, "a gnomon of thin brass was made to stand over his nose, with a half circle of the same metal to go round his temples: these were covered with black silk; and by means of a buckle behind his head, and a cross-piece over the crown of his head, this gnomon was managed so as to be worn without any inconvenience, and projected before his nose about two inches and a half. By the use of this gnomon, he soon found it less inconvenient to view all objects with the eye next to them, instead of the eye opposite to them.

"After this habit was weakened by a week's use of the gnomon, two bits of wood, about the size of a goose-quill, were blackened, all but a quarter of an inch at their summits. These were presented for him to look at, one being held on one side of the extremity of this black gnomon, and the other on the other side of it. As he viewed these, they were gradually brought forwards beyond the gnomon, and then one was concealed behind the other. By these means, in another week, he could bend both his eyes on the same object for half a minute together.

"By the practice of this exercise before a glass almost every hour in the day, he became in another week able to read for a minute together with his eyes both directed on the same objects: and I have no doubt, if he has patience enough to persevere in these efforts, he will in the course of some months overcome this unsightly habit."*]

GEN. I.
SPEC. XII.
γ P. Strabismus
organicus.

GENUS II.

PARACUSIS.

MORBID HEARING.

SENSE OF HEARING VITIATED OR LOST.

PARACUSIS is a term of Hippocrates derived from παρακούω, "perperâm, depravatè, vitiosè audio." The mechanism of the ear is as complicated as that of the eye, and is admirably adapted, in all its parts, to the perfection of the sense which constitutes its function. Its lobes, its entrances, its openings, its various drums, its minute and multiplied foramina, its delicate bones, all contribute to one

GEN. II.
Origin of the
generic term.
Physiology.

* Phil. Trans., vol. lxviii. pp. 86—89.

GEN. II.

Paracusis.

Bones surrounding the ear, and even the teeth, auxiliary to hearing.

Hence one use of the bones in the cavity of the tympanum.

Case in illustration.

Diseases of the ear often bear an analogy to those of the eye.

Illustrated.

Sympathy between the senses of sight and hearing.

Alternation of deafness and blindness.

From the depth of the organ of hearing, the seat of disease often less known than in disorders of vision.

Whether the cochlea be the most discriminative part of the organ or the membrana tympani?

common effect. Even the surrounding bones, and, still more than this, the teeth, are in no small degree auxiliary to the same object, as the experiments of M. Perolle, given in the fifth volume of the Turin Transactions, have abundantly established; as they have, also, that bone in general is a far better conductor of sound, than air, alcohol, or water.

We may hence learn one very important use of the four minute bones deposited in the posterior chamber of the tympanum, the loss of any one of which impairs the hearing, and, in some instances, has produced total deafness; of which we have a striking proof in the case of a lad, who had parted with the incus on one side, and both the incus and malleus on the other by means of an ulcerated sore throat that opened a passage from the fauces into each ear, and through which the bones were discharged. The tympanum, on the boy's recovery, seems not to have lost its vibratory power, for he was sensible of violent or sudden sounds, but altogether insensible to conversation, and apparently as deaf in the ear that had only parted with the incus, as in that which had parted with both bones.*

From the complicated organism of the ear, it follows necessarily that, like the eye, it must be subject to a great variety of diseases; while many of the diseases of the one sense must bear a striking analogy to those of the other. Thus painful and obtuse hearing and deafness may be well compared with painful and obtuse vision and blindness. As the eye is sometimes affected with illusory objects, so is the ear with illusory sounds; and as, when the optic axes do not harmonise, as in strabismus, the same object may be seen double, so may the same sound be heard double when the action of the one ear is inaequandant with that of the other.

And hence it is not at all to be wondered at, that a peculiar degree of sympathy should exist between these senses, and the state of the one be frequently affected by that of the other. Bartholine gives a case in which deafness and blindness alternated with each other†, and we shall presently have to observe, that a temporary affection of the eyes may sometimes be produced by particular noises.

As the organ of the ear, however, is less exposed than that of the eye, we are far less acquainted with the immediate seat of its diseases, and even with the exact bearing which every particular part sustains in the general phenomenon of hearing. It was at one time supposed, that the nicest power of discriminating sounds, or, in other words, that accuracy of distinguishing, which constitutes what is called a musical ear, is seated in the cochlea; birds, however, whose perception is exquisite, have no cochlea. It has since been conceived by Sir Everard Home, that it is the membrana tympani in which this fine feeling is peculiarly lodged‡, and that it depends upon the muscularity of this membrane; yet the same feeling has remained, and in a high degree, in persons whose membrana tym-

* Phil. Trans., vol. ii. No. 1. 1761. The editor has seen one case, in which a boy, who was reported to have lost all the ossicula of one ear, was not completely deaf from it; though, certainly, his hearing on that side was dull. Sir Astley Cooper is acquainted with another example of the same kind. According to Mr. Mayo, the stapes is so strictly applied to the membrana fenestræ ovalis, that the loss of this bone necessarily produces incurable deafness by injuring the labyrinth. Outlines of Human Physiology, 2d edit. p. 415. 8vo. Lond. 1828.

† Epist., cent. iv. No. xl.

‡ Phil. Trans. Year 1800.

pani has been ruptured.* [Sir Charles Bell does not conceive, that the cochlea, or any part of the organ particularly conduces to the bestowing of a musical ear, although it is by hearing that we are capable of the perceptions of melody and harmony, and of all the charms of music. It would seem, says he, that this *depends upon the mind*, and is not an operation confined to the organ. It is enjoyed in a very different degree by those, whose simple faculty of hearing is equally perfect.]

Paracusis as a genus includes the following species : —

1. PARACUSIS ACRIS.	ACRID HEARING.
2. ———— OBTUSA.	HARDNESS OF HEARING.
3. ———— PERVERSA.	PERVERSE HEARING.
4. ———— DUPLICATA.	DOUBLE HEARING.
5. ———— ILLUSORIA.	IMAGINARY SOUNDS.
6. ———— SURDITAS.	DEAFNESS.

SPECIES I.

PARACUSIS ACRIS.

ACRID HEARING.

HEARING PAINFULLY ACUTE AND INTOLERANT OF THE LOWEST SOUNDS.

THIS occurs occasionally as an idiopathic affection in nervous and highly irritable idiosyncrasies, and bears a striking analogy to that acritude of sight which we have noticed under *paropsis lueifuga*. It is the *hypercousis*, or, as it should rather be, the *hyperacusis* of M. Itard, who also regards it as an idiopathic affection in various cases.†

It depends upon a morbid excitement, sometimes of the whole of the auditory organs, but more generally of some particular part, as the tympanum, or the labyrinth, and especially the cochlea, or some of the internal canals. In many instances it seems confined to the branches of the nerve; and Bonet gives an instance of it from the very singular cause of a triple auditory nerve formed on either side‡, in which case there is sufficient ground for its idiopathic origin. It is found more frequently, however, as a symptom of earach, headach, epilepsy, otitis, cephalitis, and fevers of various kinds.

The sensation is sometimes so keen as to render intolerable the whisperings of a mere current of air in a room, or the respiration of persons present, while noises before unperceived become highly distressing.

I have at this moment before me a most impressive description of this effect in a letter from a young lady of about twenty-eight years of age, of an irritable habit, great genius, and a highly cultivated mind, who about a twelvemonth ago was attacked with a

GEN. II.
Paracusis.

GEN. II.
SPEC. I.
Occurs idio-
pathically in
nervous idio-
syncrasies.
Hypercousis of
Itard.

Found as a
symptom in
various dis-
eases.

Sensation
sometimes
intolerably
keen.

Strikingly
illustrated.

* See Bell's Anatomy, vol. iii. p. 180. Lond. 1820; and Buchanan's Physiological Illustrations of the Organ of Hearing, p. 14. Lond. 1828.

† Traité des Maladies de l'Oreille et de l'Audition, 2 tomes, 8vo. Paris, 1821.

‡ Sepulchr., lib. 1. sect. xix. add. obs. 7.

GEN. II.
SPEC. I.
Paracusis acris.

Singular
sympathy
with the sense
of sight.

Remedial pro-
cess.

cephalitis which proved severe and alarming. The mental powers are rendered more acute, and the external senses, especially those of hearing and seeing, strangely sympathise with each other. "You think me," says she, in this letter, "unfit for study, but study I must, whether I am fit for it or not, otherwise my mind preys upon itself, and no power can prevent my thinking, which is almost as bad as reading. Last night I was kept awake for some hours by so powerful an excitement of the brain, that I really thought it would have taken away my senses. The pain is very acute, but I do not mind that so much as the distraction which accompanies it. It usually comes on with a most painfully quick hearing. I feel as if the tympanum was stretched so tight as to make the least sound appear almost as loud as thunder; and a loud noise is just as if I received a blow quite to the centre of the brain. This really is not imagination but actual sensation. Moreover, a noise affects my eyes so much, that I am obliged to darken my room when at any time I am under the necessity of hearing any thing like a noise: *a loud sound affects my eyes, and a strong light my ears.* They seem to act reciprocally. My head is certainly not so bad, nor any thing like it, as it was at Clifton, but still the sudden attacks I have from over-exertion of the mental powers, or upon any other excitement, make me always fearful I shall lose my senses."

Injectations of warm water, or a few drops of almond oil dropped into the ear, will occasionally afford relief. But cold water, and cold applications about the ear, and even pounded ice where there is no tendency to a periodic rheumatism, by directly inducing torpitude, will at times have a better effect; laudanum may also be introduced in the ear, and a blister be applied to its immediate vicinity.

SPECIES II.

PARACUSIS OBTUSA.

HARDNESS OF HEARING.

HEARING DULL AND CONFUSED; AND DEMANDING A CLEAR AND MODULATED ARTICULATION.

GEN. II.
SPEC. II.
Causes.
Nervous deaf-
ness, what.

THIS may proceed from organic defect; from local debility, in which case it is called NERVOUS DEAFNESS; or from some accidental obstruction in the external tube or passage, as that of mucus, wax, sordes, or any other extrinsic body; or, in the internal or Eustachian tube, from mucus, inflammation, or ulceration and its consequences.* It is also found occasionally as a symptom or sequel in

* That hardness of hearing sometimes depends on deficiency of the ceruminous secretion within the meatus auditorius, is a fact of which most surgeons are perfectly aware. It is a cause, however, that does not appear to have received the author's notice. The ceruminous lining of the meatus auditorius is regarded by Mr. Buchanan as very essential to perfect hearing; and he has termed it the "*ceruminous tubular circle.*" Without this provision, says he, "the undulations would affect or strike upon various parts of the membrana tympani irregularly, and produce confused vibratory action. And hence we

various fevers, in hemiplegia, apoplexy, otitis, lues, and polypous caruncles or concretions in the passage of the ear; and has followed on drinking cold water during great heat and perspiration of the body, of which several examples are given in the *Ephemerides* of Natural Curiosities. Among the cases of organic defect, one of the least common is atresia, or imperforation: yet Albucasis * gives us an instance of this, as does Bartholine † and Henckel. ‡ And among the more singular obstructions of an accidental kind may be mentioned insects and the grub of insects or worms. Bartholine mentions a leech which was once found to have burrowed in the ear; and Walker a small stone, which had unaccountably become lodged there, and was discharged by a fit of sneezing. §

The cure must depend upon the nature of the cause. All foreign bodies must be carefully removed or destroyed, and the cavity of the ear be washed by means of a syringe. Accumulations of wax may be softened by oil of almonds and alcohol, which will dissolve whatever resinous part it possesses; and a like inunction will be found the best means of destroying insects. Atonic or nervous deafness will often bid defiance to our utmost exertions, but it will sometimes yield to local stimulants and tonics; of the former are alcohol, ether, camphorated spirits, essential oil of turpentine combined with olive oil, and the tinctures of the gum-resins, as myrrh, amber, kino, balsam of Tolu, and blisters about the ear; of the latter, cold water, and solutions of alum, sulphate of zinc, or other metallic salts.

[When hardness of hearing depends upon a deficiency of cerumen, Mr. Buchanan recommends warmth and stimulant applications. Two drops of the subjoined formula || he advises to be applied to the interior parts of the tube every night at bedtime, and a table-spoonful of the mixture, the composition of

GEN. II.

SPEC. II.

Paraculis obtusa.

Found as a symptom in various diseases.

Sometimes produced by imperforation.

Sometimes by insects.

Medical treatment.

Cases attended with defective quantity or quality of the cerumen.

find, in patients divested of this secretion, almost total inability to partake of the pleasure of a conversational party, where the news, politics, or other matters, are discussed by the generality of the company; more especially if an argument ensue, in which a part of the discussion is taken by each individual." Mr. Buchanan compares the effect of the "ceruminous tubular circle," in absorbing what he calls the *resilient* pulsations of sound, to that of the pigmentum nigrum in the eye, which absorbs the superabundant rays of light, and prevents them from being reflected so as to injure the retina, or render vision indistinct. See Buchanan's *Physiological Illustrations of the Organ of Hearing*, p. 21. 8vo. Lond. 1828.

* Vide Marcell. Donat., lib. vi. cap. ii. p. 619.

† Hist. Anat., cent. vi. n. 36. The editor of this work has seen a child which was born entirely destitute of both auricles, and with the places of the meatus auditorii covered by the common integuments. In this case the hearing was dull, but not annihilated.

‡ N. Anmerk. ii.

§ Observ. Medico-Chirurg., xx. 8vo. 1718. I once removed two pebbles from the ears of a child, after they had remained there a twelvemonth, having been introduced by another child in play. The little patient was, at the time of my seeing him, in considerable pain; inflammation had attacked each meatus auditorius, and there was complete deafness. I succeeded in bringing out the pebbles by throwing warm water into the meatus with some considerable force by means of a syringe. I recommend surgeons to prefer this simple expedient to more painful and dangerous, and less efficacious measures. — Ed.

|| R Acid. Pyrolign. Sp. Æther. Sulph. Ol. Terebinth. ā ā M.

GEN. II.
SPEC. II.
Paracusis
obtusa.

which is given below *, to be taken at the same time. If the patient be costive, the pilulæ rhei comp. are also to be prescribed. When the wax is deficient in quality, or deficient both in quantity and quality, Mr. Buchanan, with the view of improving the state of the digestive organs, gives two table-spoonfuls of an infusion of quassia, with rhubarb and magnesia. The patient should reside in a dry airy place; take regular exercise; use the warm bath at bed-time once or twice a week; and immediately after getting into bed take pulv. ipecac. comp. ℥j. and hydrarg. submur. gr. ij. Mr. Buchanan directs the underwritten injection † to be used every second or third day. He speaks also favourably of bathing the feet in warm water, and a light nourishing diet, with a glass of port wine after dinner. Sometimes he applies blisters behind the auricle, or uses them and an antimonial embrocation ‡ alternately. §]

Hearing
trumpet.

Principle of its
action.

How formed
most advan-
tageously.

Where hardness of hearing is habitual and cannot be radically cured, we can only endeavour to diminish the evil by advising the use of a hearing trumpet, which is, in fact, an instrument formed upon the principle of imitating the cavities of the labyrinth of the ear itself, and the object of which is to collect a large body of sonorous tremors, and send them to the tympanum in a concentrated state, by means of a convergent tube, or, in other words, to increase as much as possible the vibratory power of the sound. Now sound is well known to be propagated in straight lines, and hence persons partially deaf will always hear most distinctly when directly opposite the speaker. For the same reason the trumpet itself should be formed as nearly as possible in a straight line; though we are sometimes, for the sake of convenience, obliged to deviate from this direction, and to bend the tube into the segment of a circle, by which some degree of power is always lost. The metal of which the tube is made should be that which is found most sonorous, or, in other words, which most completely reflects, instead of absorbing, the sound; and while the funnel or large aperture is as wide as possible, the extreme end of the pipe cannot be too small. M. Itard has found that a parabolical figure has no advantage over a conical or pyramidal tube; but that the tube is assisted in producing distinctness of sounds by an insertion into it of slips of gold-beater's leaf, at proper distances, in the manner of partitions. ||

* R Tinct. Colchici ʒij. Aq. distillat. ʒvj.

† R Acid. Pyrolign. ʒij. Aq. distillat. ʒvj. M. ft. injectio.

‡ R Ol. Sabinæ, ʒss. Antim. Tart. ʒj. Ung. Cetacei ʒij. Misce.

§ See Th. Buchanan's Illustrations of Acoustic Surgery, p. 60. et seq. 8vo. Lond. 1825.

|| Traité de Maladies de l'Oreille et de l'Audition, 2 tomes. Paris, 1821.

SPECIES III.

PARACUSIS PERVERSA.

PERVERSE HEARING.

THE EAR ONLY 'SENSIBLE TO ARTICULATE SOUNDS' WHEN EXCITED BY OTHER AND LOUDER SOUNDS INTERMIXED WITH THEM.

THIS is a very extraordinary hebetude of the organ, though it has occasionally been met with in most countries. Where it exists, the ear, as in other cases of imperfect hearing, requires to be roused, in order to discriminate the articulate sounds addressed to it, but finds the best excitement to consist in a great and vehement noise of almost any kind.* It consists, according to Sauvages, who seems to judge rightly concerning it, in a torpitude or paresis of some parts of the external organ, which, in consequence of this additional stimulus, convey the proper sounds addressed to them beyond the membrane of the tympanum, in the same manner as the drowsy, or those who are sluggish in waking, do not open their eyes, or admit the light to the retina, unless a strong glare first stimulates the exterior tunics. It seems, however, sometimes to depend upon an obstruction of the Eustachian tubes.

GEN. II.
SPEC. III.
Physiology.

Cause and seat
of the disease.

Under the influence of this species, it occasionally happens that particular sounds or noises prove a better stimulus than others, though equally loud, or even louder; as the music of a pipe, of a drum, or of several bells ringing at the same time. Holder relates the case of a man, who never heard but when he was beating a drum†; and Sauvages a similar case of a woman, who, on this account, always kept a drum in the house, which was constantly played upon while she was conversing with her husband. The latter gives another case of a person who was always deaf except when travelling in a carriage, during which time, from the rattling of the wheels, he was perfectly capable of hearing and engaging in conversation. And Stahl gives an instance of like benefit derived from the shrill tones of a pipe.‡

Some sounds
better stimu-
lants than
others.
Illustrated.

In ordinary cases of practice, if we can once hit upon a stimulus that succeeds in giving temporary tone to a debilitated organ, we can often avail ourselves of it to produce a permanent benefit, and sometimes a complete restoration, by raising or lowering its power, continuing its power for a longer or shorter term of time, or modifying it in some other way, so as to adapt it to the particular exigency. And it is hence probable, that if any of these sonorous stimuli were to be employed medicinally, and with a due respect to length of time and acuteness of tone, they might, in some instances, be made the medium of obtaining a perfect success. Dr. Birch, indeed, gives an instance of such success in a person who only heard during the ringing of bells; and who, by a

Mode of
treatment.

Stimulus of
sound adapted
to the exigency

may prove a
perfect cure.
Illustrated.

* Feiliz in Richter Chir. Bibl., band ix. p. 555.

† Phil. Trans. 1668, No. xxvi.

‡ Colleg. Casual., N. lxxvi.

GEN. II.
SPEC. III.
Paracusis
perversa.
Voltaism.
General and
local stimulants
and tonics.

permanent use of this stimulus, recovered his hearing altogether.* Voltaism may here also be employed in many cases with a considerable promise of advantage; and especially in connection with the ordinary routine of general and local tonics and stimulants, as cold, and cold bathing, pungent masticatories, and injections, bark, valerian, alone or with ammonia, and a free use of the siliquose and coniferous plants as a part of the common diet.

SPECIES IV.

PARACUSIS DUPLICATA.

DOUBLE HEARING.

THE ACTION OF THE ONE EAR INACCORDANT WITH THAT OF THE OTHER; SOUNDS HEARD DOUBLY, AND IN DIFFERENT TONES OR KEYS.

GEN. II.
SPEC. IV.
Physiology.

Analogous to
strabismus or
squinting.

Singular
examples.

THIS pravity of hearing depends upon an inaccordance of the auditory nerve on the one side with that on the other; so that the same sound produces, on each side, a very different effect, and is consequently heard, not homotonously, or in like tones, but heterotonously, or in separate and unlike. And hence this species of morbid hearing, as I have already observed, has a considerable parallelism with that of strabismus or squinting, in which the optic axis of the one eye is not accordant with that of the other, whence the same object is seen double, and often in a different position. Sauvages has given two or three very curious examples of this affection. A musician, while blowing his flute, heard two distinct sounds at every note. The sounds were in different keys, and consequently not in harmony; and as they were heard simultaneously, the one could not be an echo of the other. On another occasion, he was consulted by a person who, for several months, had been troubled with a hearing of two distinct voices whenever he was spoken to; the one at least an octave higher than the other, but not in unison with it, and hence producing a harsh and insupportable discordancy.

Medical
treatment.

This affection is mostly temporary, and, as proceeding altogether from a morbid condition of the auditory nerve, has been cured by blisters and other local stimulants. From not being attended to, however, in due time, it has sometimes assumed a chronic character, when it is removed with great difficulty; and, in a few instances, it has been connected with a constitutional irritability of the nervous system, in which case a plan of general tonics must co-operate with local applications.

Buchanan's
different view
of this case.

[Mr. Buchanan does not coincide with the author respecting the cause of *paracusis duplicata*, but ascribes its symptoms to an imperfect secretion of cerumen in only one ear.† In this view of the case, nothing more need be said on the treatment, than what has

* Hist., vol. iv.

† See Buchanan's *Physiological Illustrations of the Organ of Hearing*, p. 24. Lond. 1828.

already been stated under the head of *paracusis obtusa*. If some observations published by Sir Everard Home be correct, double hearing may sometimes arise from another cause, not adverted to by Dr. Good. "An eminent music-master (says he), after catching cold, found a confusion of sounds in his ears. On strict attention, he discovered that the pitch of one ear was half a note lower than that of the other; and that the perception of a single sound did not reach both ears at the same instant, but seemed as two distinct sounds following each other in quick succession, the last being the lower and weaker. This complaint distressed him for a long time, but he recovered from it without any medical aid. In this case (Sir Everard Home observes), the whole defect appears to have been in the action of the radiated muscle (of the tympanum) exerted neither with the same quickness nor force in one ear as in the other, so that the sound was half a note too low, as well as later in being impressed on the organ."* This case seems to be very similar to those above cited from Sauvages. Mr. Buchanan expresses his doubts about the reality of the alleged cause, which he suspects might be a defective state of the ceruminous secretion.]

GEN. II.
SPEC. IV.
Paracusis
duplicata.
One case
imputed to
imperfect
action of the
radiated
muscle of the
tympanum of
one ear.

SPECIES V.

PARACUSIS ILLUSORIA.

IMAGINARY SOUNDS.

INTERNAL SENSE OF SOUNDS WITHOUT EXTERNAL CAUSES.

THIS is in most instances strictly a nervous affection, and bears a striking analogy to *paropsis illusoria*, or that illusory or false sight in which unreal objects, of various forms, colours, and other sensible qualities, appear before the eyes. The morbid state is often confined to the auditory nerves, or some of the branches alone; yet it is not unfrequently the result of a peculiar irritability that extends through the whole of the nervous system. And occasionally it proceeds from an obstruction of one or both the Eustachian tubes. M. Itard ascribes it to two other causes; a peculiar state of the blood vessels, local or general, and an impeded motion of the air in the tympanal cavity†; [Mr. Buchanan, to the imperfect secretion of cerumen.‡] The sounds, hereby produced, differ greatly in different persons, and sometimes in the very same person at different periods; but it is sufficient to contemplate them under the three following varieties, all which the French express by the term *bourdonnements*:

GEN. II.
SPEC. V.
Analogous
to paropsis
illusoria;
mostly a
nervous af-
fection; and
the cause may
be local or
general.
Sometimes
produced by
obstruction of
the Eustachian
tubes.

- α Sygismus. A sharp, shrill, successive sound.
Ringing or tinkling.

* Phil. Trans. 1800.

† Traité des Maladies de l'Oreille, et de l'Audition, 2 tomes., 8vo. Paris, 1821.

‡ Physiological Illustrations of the Organ of Hearing, p. 23.

GEN. II.
SPEC. V.
Paracusis
illusoria.

β Susurrus.
Whizzing.
γ Bombus.
Beating.

An acute, continuous, hissing sound.

A dull, heavy, intermitting sound.

Medical
treatment.

Heister recommends, in cases arising from a debility of the local nerves, to fumigate the ears with the vapour of a hot vinous infusion of rosemary and lavender; and, where a spasmodic affection of the inner membrane may be supposed to follow such debility, he advises a simultaneous use of diaphoretics internally. If it proceed from an obstruction of the Eustachian tubes, in consequence of spasm or inflammation, the fumes of tobacco drawn into the mouth, and forcibly pressed against these tubes by closing the lips and nostrils, and then urgently sniffing the vapours upward to the palate, have often proved serviceable, by taking off the irritability, on which the spasmodic or inflammatory action is dependent. Stimulating the external ear by blisters or aromatic injections has sometimes availed, though not often. Chronic cases are extremely difficult of cure; though I had lately an elderly lady for a patient, who, after having at different times suffered from each of these modifications of illusory sounds for several years, and tried every remedy that could be suggested in vain, at length lost the distressing sensation by degrees, and without the assistance of any medicine.*

Chronic cases
very difficult
of cure:
but have
disappeared
spontaneously.

SPECIES VI.

PARACUSIS SURDITAS.

DEAFNESS.

TOTAL INABILITY OF HEARING OR DISTINGUISHING SOUNDS.

GEN. II.
SPEC. VI.
How differs
from the pre-
ceding species.

IN the preceding species, the sense of hearing is in various ways depraved or impaired; in the present, it is altogether abolished, and may proceed from causes which offer three distinct varieties of affection:

- | | |
|-------------------|------------------------------------|
| α Organica. | From organic defect or impediment. |
| Organic deafness. | |
| β Atonica. | From local debility or relaxation. |
| Atonic deafness. | |
| γ Paretica. | From nervous insensibility. |
| Paretic deafness. | |

α P. Surditas
organica.
Causes,
Sometimes
in the outer
entrance.
Sometimes
in the inner or
Eustachian
tube.

The ORGANIC DEFECT or impediment may exist in the outer or inner entrance, or in the cavity, of the ear. The outer entrance has in a few instances been imperforate†, but far more generally blocked up with indurated wax, excrescences, concretions, or some other substance. The inner entrance or Eustachian tube has been sometimes also found imperforate on both sides, but more frequently obliterated by ulceration‡, or closed by the mucous secre-

* The treatment suggested by Mr. Buchanan has already been briefly noticed under the head of *Paracusis Obtusa*.

† Cels. de Medicin, lib. vii. c. 8.
1727.

Büchner, Miscell. Phys.-Med., p. 318.
‡ Haller, Elem. Phys., tom. v. p. 286.

tion of a catarrh, or the pressure of the tonsils, in whatever way morbidly enlarged. If the defect or impediment exist in the cavity of the ear, its precise nature can seldom be known during the life of the patient, and if known would rarely admit of a remedy. It often consists of a malformation of the helix; and, as we have already seen under PAROTITIS, in a loss of the articulation or substance of one or more of the tympanal bones.

GEN. II.
SPEC. VI.
Paracusis
surditas.

ATONIC DEAFNESS, or that dependent on local debility or relaxation, may be superinduced by a chronic cold, abruptly plunging the head into cold water in a heated state, a long exposure to loud and deafening noises, or the sudden and unexpected burst of some vehement sound upon the ears*, as that of a cannon or a thunder-clap†, where the constitution is in a state of great nervous irritability: in which state, moreover, it has in a few instances been produced by a violent fright.‡ It has also proceeded from an atony of the excretories of the outer ear, in consequence of which there has been neither wax, nor moisture of any kind. And it has followed as a sequel upon various fevers and inflammations, especially cephalitis and otitis, rheumatic hemicrania, and other nervous headaches, repelled gout, and repelled cutaneous eruptions.

β P. Surditas
atonica.

Causes.

Sometimes in
the cavity of
the ear.

PARETIC DEAFNESS may be regarded in many cases as nothing more than an extreme of atonic deafness; and almost all the causes producing the one, when operating with greater violence or upon a feebler frame, may also produce the other. It has not only been induced suddenly by loud sounds and violent frights, but by a vehement fit of sneezing, and, from sympathy, by the use of powerful sternutatories§; the olfactory nerve hereby becoming insentient through all its branches.

γ P. Surditas
paretica.

Causes, those
of the preced-
ing variety.

Deafness has often been transmitted hereditarily; of which numerous and unequivocal instances are to be found in Hoffman ||, Morgagni¶, and other writers of established reputation.

Sometimes
hereditary.

The most usual causes of total deafness are beyond the power of the medical art to relieve; and hence the disease runs very generally through the whole period of life. Where the cause is an imperforation of either of the passages, an opening has been often effected with success. Many other impediments, as of indurated wax, or infarction from inflammation, are in general removable still more easily; and some obstructions have been suddenly carried off by a fall, or other violent concussion of the head. The great difficulty, however, is in getting at such impediments when they are formed in the tympanal cavity. The perforation of the mastoid process, recommended by Riolanus, has been practised occasionally with success, and especially by the Swedish anatomists, Jässon and Hagström. But the difficulties are so considerable, that the plan has usually been superseded by a puncture of the membrane, or by injecting the Eustachian tube, as first proposed by an unprofessional artist, Guyot of Versailles, and since followed up successively by Cleland, Petit, Douglas, and Wathen. Of late,

Often im-
medicable.

Treatment,
when capable
of palliation.

Perforation of
the mastoid
process.

Puncture of the
membrane.

Injection of the
Eustachian
tube.

* Schulze, Diss. de Auditûs Difficultate, sect. 23.

† Borelli, Observ. cent. iv. Par. 1656.

‡ Eph. Nat. Cur., cent. ix. obs. 6.

§ Eph. Nat. Cur., Dec. 11. ann. ix. obs. 26.

|| Consult. et Respons., cent. i. cas. 40.

¶ De Sed. et Caus. Morb., Epist. XLVIII. art. 48.

GEN. II.

SPEC. VI.

Paracusis
surditas.Stimulants and
tonics.Fumes of to-
bacco sniffed
up the Eusta-
chian tube.Obstruction in
these tubes has
sometimes
ceased sud-
denly, or by
phenomena,
which often
become causes.Mode of
treatment.Voltaic
electricity.

Blisters.

Solution of
nitrate of silver.

Chronic ulcer.

Case of cure
by salivation.

Explained.

Puncture of
the membrana
tympani a
substitute in
imperforation
of the Eusta-
chian tube.Its proper
limitation,
as opposed to
a useless and
wanton em-
ployment.

however, even this has been dropped; though now once more revived in France by M. Itard*, and in Great Britain by Mr. Buchanan.†

In deafness from atonic relaxation, almost all the stimulant and tonic methods, pointed out under the preceding species, have been tried in turn, occasionally with palliative success, sometimes altogether in vain. The fumes of tobacco sniffed up the Eustachian tubes from the mouth, in the manner described under the last species, were recommended by Morgagni‡ and many other writers of earlier times, and have occasionally been found beneficial in our own day; the spasm or other obstruction of the fine tubes ceasing of a sudden, and with the sensation of a smart snap, that almost startles the patient. And, as sight has sometimes been restored in amaurosis by a violent fever or a flash of lightning, so has deafness from atony, approaching to paralysis, been recovered by a like fever or a thunder clap§; ordinary causes being thus transferred into extraordinary modes of cure.

Among the stimulants most useful, where the deafness is dependent upon debility of the membrane of the tympanum, or the nerve of hearing, have been the aura of voltaic electricity, applied two or three times a day for half an hour or longer each time, and persevered in for many weeks, a series of blisters continued for a long period, and a diluted solution of nitrate of silver. Yet a chronic ulcer forming in the ear, and discharging plentifully, has often proved still more effectual.

Mr. Gordon relates a case of total deafness, produced suddenly in a soldier in good health, by plunging overhead into the sea; which, after a long routine of medicines had been tried in vain for three months, yielded to the use of mercury as soon as the mouth began to be affected. A gentle salivation supervened, his hearing was gradually restored, and, in six weeks from its commencement, he returned to his duty perfectly cured.¶ The excitement of the salivary glands seems, in this case, to have extended by sympathy to the Eustachian tubes, or whatever other parts of the organ of hearing were diseased.

When the Eustachian tubes are imperforate or irrecoverably closed, which may commonly be determined by an absence of that sense of swelling in the ears which otherwise takes place on blowing the nose violently, Riolanus, and afterwards Cheselden, proposed a substitute for the canal by making a small perforation through the membrane of the tympanum; and Sir Astley Cooper has boldly put their recommendation to the test. The artificial opening does not destroy the elasticity of the membrane, and it has hence been occasionally attended with success; and perhaps would be always, if it were to be limited, as M. Itard¶ has shown it ought to be, to a permanent obstruction of the Eustachian tube, unaccompanied with inflammation, or any other cause of deafness. And it is from

* Ut supra.

† Engraved Representation of the Anatomy of the Human Ear, &c. Hull, 1823.

‡ Epist. Anat., vii. art. 14. Eph. Nat. Cur., Dec. i. ann. vi. obs. 110.

§ Bresl. Samml., 1718, p. 1541.

¶ Edin. Med. Com., vol. iii. p. 80.

¶ *Traité des Maladies de l'Oreille, et de l'Audition*, &c. 2 tomes. Paris, 1821.

a wanton application of this remedy to other cases, that it has so often been tried in vain since Sir Astley Cooper's successful sanction.

GEN. II.
SPEC. VI.
Paracusis
surditas.

GENUS III.

PAROSMIS.

MORBID SMELL.

SENSE OF SMELL VITIATED OR LOST.

THIS is the parosmia and anosmia of many writers; from *παρά*, "malè," and *ὄζω*, "olfacio," analogous with PARACUSIS and PAROPSIS: anosmia, however, will not include one of its species, and the present termination is preferred on account of its analogy with that of the parallel terms.

GEN. III.
Synonyms
and generic
derivation.

Under this genus may be arranged the three following species:—

- | | |
|--------------------|----------------|
| 1. PAROSMIS ACRIS. | ACRID SMELL. |
| 2. ———— OBTUSA. | OBTUSE SMELL. |
| 3. ———— EXPERS. | WANT OF SMELL. |

SPECIES I.

PAROSMIS ACRIS.

ACRID SMELL.

SMELL PAINFULLY ACUTE OR SENSIBLE TO ODOURS NOT GENERALLY PERCEIVED.

GENERALLY speaking, the sense of smell in all animals is in proportion to the extent of the Schneiderian or olfactory membrane with which the nostrils are lined, and over which the branches of the olfactory nerves divaricate and ramify. And hence this membrane is much more extensive in quadrupeds and birds, which chiefly trust to the sense of smell in selecting their food, than in man; for it ascends considerably higher, and is, for the most part, possessed of numerous folds or duplicatures. It is hereby the hound distinguishes the peculiar scent thrown forth from the body of the hare, and the domestic dog recognises and identifies his master from all other individuals.

GEN. III.
SPEC. I.
Physiology.

Yet the nerves of smell are not only spread in great abundance over the olfactory membrane of all animals possessing such an organ, but they are distributed so near the surface as to be almost naked*; and hence in every class they are easily and hourly ex-

Olfactory
nerves nearly
naked.

And hence
easily stimu-
lated

* Over the whole of the Schneiderian membrane, branches of the fifth nerve are distributed. In the human subject, the first, or olfactory nerve, does not

GEN. III.

SPEC. I.

Parosmis acris.

by the finest
aromatics,
impalpably
pulverised;

and rapidly
acting by
sympathy,
and affording
refreshment.

Hence also
the ready and
extensive effect
of fetid odours.

Under peculiar
circumstances
the sense
becomes ex-
quisitely keen.
Said to be
keener among
savages than
civilised
nations, and
why.

Sense of smell,
like all others,
capable of
cultivation :
more fully
relied upon
by those who
are deprived
of sight or
hearing.

cited into action, being covered with little more than a layer of bland, insipid mucus, thin at its first separation, but gradually hardening by the access of air into viscid crusts, and which is expressly secreted for the purpose of defending them. From this nearly naked state it is, that they are stimulated by aromatics, however finely and impalpably divided; whence the violent sneezings that take place in many persons in an atmosphere in which only a few particles of sternutatories or other aerid olfacients are floating: and hence also the rapidity with which a sympathetic action is excited in the neighbouring parts, or in the system at large, and the refreshment which is felt on scenting the pungent vapour of carbonate of ammonia, or vinegar, or the grateful perfume of violets or lavender, in nervous headaches or fainting-fits. The fetid odours are well known to affect the nostrils quite as poignantly as the pleasant, and to produce quite as extensive a sympathy; and hence the nausea, and even intestinal looseness, which often follow on inhaling putrid and other offensive effluvia.

Under peculiar circumstances, however, the ordinary apparatus for smell possesses an activity, and sometimes even an intolerable keenness, which by no means belongs to it in its natural state. M. Virey, who has written a very learned treatise upon the subject of odours, asserts, that the olfactory sense exists among savages in a far higher degree of activity than among civilised nations, whose faculty of smell is blunted by an habitual exposure to strong odours, or an intricate combination of odours, and by the use of high-flavoured foods. And he might have added, that this sense, like every other, is capable of cultivation, and of acquiring delicacy of discrimination by use; that savages, many of whom make an approach to the life of quadrupeds, employ it, and trust to it in a similar manner; and that this is perhaps the chief cause of the difference he has pointed out. It is in like manner relied upon by persons who are deprived of one or two of the other external senses, as those of sight or hearing, or both: not merely in consequence of more frequent employment, but from the operation of the law we have already pointed out, that where one of the external senses is destroyed, or constitutionally wanting, the rest, in

spread so extensively, but goes principally to the septum narium and upper turbinated bone. M. Magendie has ascertained the effect of the separate division of the first and fifth nerves in animals; and has thus more correctly demonstrated how much of the impression received by the nostrils belongs to smell, properly so called, and how much to touch. "It appears that, upon the division of the first nerve, the animal remains as sensible as before to the disagreeable impression of odours which act pungently. A young dog, thus mutilated, appeared conscious of an unpleasant impression when ammonia, acetic acid, oil of lavender, or Dippel's oil, were held to its nose. On the other hand, after the division of the fifth, the first nerve remaining entire, an animal is not affected by the presence of the substances above mentioned." But a dog that survived the division of the fifth nerve for a considerable period, would, at times, when food was offered to it rolled up in paper, unroll the paper, and expose and eat the food, although, at other times, he appeared to want the power of distinguishing by smelling the presence of objects placed near it. "Pungent odours seem to offend the nose upon the same principle that they irritate the conjunctiva of the eye; their acrid impression, without their scent, being perceived when the influence of the first nerve is artificially destroyed." The first nerves, therefore, constitute the organ of smell. See Mayo's *Outlines of Physiology*, p. 412. 2d edit.; and Magendie's *Journ. de Physiol. Exp.*, tom. iv. p. 173. — Ed.

most cases, are endowed with an extraordinary degree of energy; as though the share of sensorial power, naturally belonging to the defective organ, were distributed among the rest, and modified to their respective uses. One of the most interesting examples that I am acquainted with, of this transfer of sensorial power, is to be found in the history, first given to the public by Mr. Dugald Stewart, of James Mitchell, a boy born both blind and deaf; and who, having no other senses by which to discover and keep up a connection with an external world than those of smell, touch, and taste, chiefly depended for information on the first, employing it on all occasions, like a domestic dog, in distinguishing persons and things. By this sense, he identified his friends and relatives; and conceived a sudden attachment or dislike to strangers, according to the nature of the effluvium that escaped from their skin. "He appeared," says Mr. Wardrop, who has also published an account of him, "to know his relations and intimate friends by smelling them very slightly, and he at once detected strangers. It was difficult, however, to ascertain at what distance he could distinguish people by this sense; but, from what I could observe, he appeared to be able to do so at a considerable distance from the object. This was particularly striking when a person entered the room, as he seemed to be aware of such entrance before he could derive information from any other sense than that of smell. When a stranger approached him, he eagerly began to touch some part of the body, commonly taking hold of his arm, which he held near his nose; and after two or three strong inspirations through the nostrils, he appeared to form a decided opinion concerning him. If it were favourable, he showed a disposition to become more intimate, examined more minutely his dress, and expressed, by his countenance, more or less satisfaction; but if it happened to be unfavourable, he suddenly went off to a distance, with expressions of carelessness or disgust." *

The *Journal des Sçavans* for 1667 gives a curious history of a monk who pretended to be able to ascertain, by the difference of odour alone, the sex and age of a person, whether he were married or single, and the manner of life to which he was accustomed. This, as far as the fact extended, may possibly have been the result of observations grafted upon a stronger natural sense than belongs to mankind in general, and is scarcely to be ranked in the list of diseased actions. But, among persons of a highly nervous or irritable idiosyncrasy, I have met with numerous instances of an acuteness of smell almost intolerable and distracting to those who laboured under it; which has fairly constituted an idiopathic affection, and sometimes nearly realised the description of the poet, in making its possessors ready at every moment to

Die of a rose in aromatic pain.

Mr. Pope seems to have written this line as a play of fancy at the time, but the writings of various collectors of medical curiosities abundantly show, that he has here described nothing more than an occasional and sober fact. Thus M. Orfila gives us an account of

GEN. III.
SPEC. I.
Parosmis aeris.
Striking illustration of this remark.

Sex, age, and other qualities, said to be ascertainable by this sense when exquisitely keen.

Hence often distressingly acute, and particularly to persons of a nervous habit: who have fainted beneath the smell of a rose, as described by Pope.

This description not fanciful.

* History of James Mitchell, a boy born blind and deaf, &c. By James Wardrop, F.R.S. 4to edit. 1813.

GEN. III.
SPEC. I.
Parosmis acris.
Examples of its
correctness.

a celebrated painter of Paris, of the name of Vincent, who cannot remain in any room where there are roses, without being in a short time attacked with a violent cephalæa, succeeded by fainting *; and M. Marrigues informs us, that he once knew a surgeon who could not smell at a rose without a sense of suffocation, which subsided as soon as the rose was removed from him; as he also knew a lady who lost her voice whenever an odoriferous nosegay was applied to her nostrils. †

Singular effect
of the odour of
pinks:

We have observed, that a keen stimulation of the olfactory nerves is often productive of a very powerful sympathetic action in other organs. There are few persons who, on inhaling the fine particles of black hellebore and colocyinth, while in the act of being pounded, would not feel their effect on the intestines by a copious diarrhœa; but where the acuteness of smell exists which constitutes the present disease, whether limited to particular odours, or extending to all odours equally, the sympathetic action is sometimes of a very singular description. M. Valtain gives the history of an officer, who was thrown into convulsions and lost his senses by having in his room a basket of pinks, of which, nevertheless, he was very fond. The flowers were removed, and the windows opened, and, in the course of half an hour, the convulsions ceased, and the patient recovered his speech. Yet, for twelve years afterwards, he was never able to inhale the smell of pinks without fainting. ‡ And M. Orfila relates the case of a lady, forty-six years of age, of a hale constitution, who could never be present where a decoction of linseed was preparing, without being troubled, in the course of a few minutes afterwards, with a general swelling of the face, followed by fainting and a loss of the intellectual faculties; which symptoms continued for four-and-twenty hours. §

like effect of
the odour of
linseed.

Predisponent
cause of the
present species.

Occasional
causes.

Sometimes a
result of
idiosyncrasy.

Often found as
a symptom in
various dis-
eases.

Medical
treatment.

The predisponent cause of the species before us is a nervous or irritable habit. The occasional causes are, local irritation from a slight cold, in which the contact of the air alone, as inhaled, often produces sneezing; or excoriation of the mucous membrane of the nostrils, from the use of sternutatories in those not accustomed to them. It is often the result of idiosyncrasy; and perhaps, at times, as in *paracusis acris*, of a superfluous distribution of olfactory nerves. As a symptom, it is often found in ophthalmia and rheumatic hemicrania.

Where the disease is connected with the habit, the nervous excitement should be diminished by refrigerants and tonics, as the shower-bath, bark, acids, neutral and several of the metallie salts. And where it is chiefly local, we may often produce a transfer of action by blisters in the vicinity of the organ; or relax the Schneiderian membrane, and moisten its surface by the vapour of warm water. The sniffing up cold water will also prove servicable in many instances, by inducing torpitude at first, and additional tone afterwards. Dr. Darwin advises errhines for the first of these purposes, that of exhausting the excitability and blunting the sense.

* Sur les Poisons, tom. ii. Cl. v. sect. 972.

† Journ. de Physique, year 1780.

‡ Hygiène Chirurgicale, p. 26.

§ Sur les Poisons, loc. citat.

SPECIES II.
PAROSMIS OBTUSA.
OBTUSE SMELL.

SMELL DULL AND IMPERFECTLY DISCRIMINATIVE.

THIS is often a natural defect, but more frequently a consequence of an habitual use of sternutatories, which exhaust, weaken, and torpify the nerves of smell, just as exposure to a strong light weakens and impairs the vision, and sometimes destroys it altogether. To those unaccustomed to sternutatories, the mildest snuffs will produce such an excitement as is marked by a long succession of sneezing, which is nothing more than an effort of the remedial power of nature to throw off the offending material; while those, who have habituated themselves to snuff for years, can hardly be excited to sneeze by the most violent ptarmics.

The evil is here so small, that a remedy is seldom sought for in idiopathic cases; and in sympathetic affections, as when it proceeds from catarrhs or fevers, it usually, though not always, ceases with the cessation of the primary disease. It is found also as a symptom in hysteria, syncope, and several species of cephalæa, during which the nostrils are capable of inhaling very pungent, aromatic, and volatile errhines, with no other effect than that of a pleasing and refreshing excitement.

Where the sense of smell is naturally weak, or continues so after catarrhs or other acute diseases, many of our cephalic snuffs may be reasonably prescribed, and will often succeed in removing the hebetude. The best are those formed of the natural order verticillatæ, as rosemary, lavender, and marjoram: if a little more stimulus be wanted, these may be intermixed with a proportion of the *teucrium Marum*; to which, if necessary, a small quantity of asarum may also be added; but pungent errhines will be sure to increase instead of diminishing the defect.

GEN. III.
SPEC. II.
Sometimes a natural defect.
Sometimes produced by a too free use of sternutatories.
Illustrated.

Remedies seldom sought for: when sympathetic, usually temporary.

When natural, sometimes relieved by cephalic snuffs.

SPECIES III.
PAROSMIS EXPERS.
WANT OF SMELL.

TOTAL INABILITY OF SMELLING OR DISTINGUISHING ODOURS.

THIS species is in many instances a sequel of the preceding; for whatever causes operate in producing the former, when carried to an extreme, or continued for a long period, may also lay a foundation for the latter. But as it often occurs by itself, and without any such introduction, it is entitled to be treated of separately. It offers us the two following varieties: —

GEN. III.
SPEC. III.
Sometimes a sequel of the preceding species.
Sometimes idiopathic.

GEN. III.
SPEC. III.
Parosmis
expers.

α Organica.
Organic want of smell.

β Paralytica.
Paralytic want of smell.

From natural defect, or accidental
lesion, injurious to the structure
of the organ.
From local palsy.

α P. expers
organica.
How produced.
β P. expers
paralytica.
How produced.
Instance of the
disease from
birth.

The FIRST VARIETY occurs from a connate destitution of olfactory nerves, or other structural defect; or from external injuries of various kinds; and is often found as a sequel in ozænas, fistula lachrymalis, syphilis, small-pox, and porphyra. The SECOND is produced by neglected and long-continued coryzas, and a persevering indulgence in highly acrid sternutatories.

The author once knew a very beautiful and elegant young lady, who had from birth so total a want of smell, as not only to be incapable of perceiving any difference in the odours of different perfumes or flowers, but of sweet and corrupt meats, and who could inhale very powerful errhines without sneezing. Though this affection seemed to have been connate, and dependent upon a natural imperfection of the nerves of smell, the Schneiderian membrane had something of the thickening which is ordinarily produced by catarrhs, and the lady always spoke as though under the influence of a slight cold.

Mode of treatment.

When this affection is a sequel of local irritation, as from a coryza or catarrh, warm stimulating vapours, as of vinegar or frankincense, are often useful. If produced by syphilis, the fumes of cinnabar may be inhaled by the nostrils, or a sternutatory may be used, composed of turbeth mineral and ten times the quantity of any mild and light powder, as orris-root.

GENUS IV.

PARAGEUSIS.

MORBID TASTE.

SENSE OF TASTE VITIATED OR LOST.

GEN. IV.
Origin of the
generic term.
Synonyms.

PARAGEUSIS is derived from *παρά*, "malè," and *γέω*, "gustum præbco," whence *παπαγεύω*, and consequently *παπαγεύσις*. The author has preferred, with Vogel, the present termination to parageusia, as analogous to the names of the preceding genera of the order before us.

Association
between the
senses of taste
and smell.
Illustrated.

In the senses of taste and smell, there is a considerable association. The young lady I have just noticed, who was destitute, or nearly so, of the sense of smell, was equally destitute of that of taste, and could not distinguish by this criterion between beef, veal, and pork; and consequently, in respect to all these, had no preference.

Tongue not the
only though the
chief organ of

The chief organ of taste is the tongue, but this is not the only organ, nor is it absolutely necessary for an existence of the sense.

The Philosophical Transactions give us examples of persons who possessed a perfect taste after the tongue had been wholly destroyed; and Professor Blumenbach, in his Comparative Anatomy, affords us a similar example in an adult whom he visited, and who was born without a tongue. Consonant with which, many insects appear to have a faculty of taste, though they have no organ of a tongue; and among these the gustatory function is supposed by Professor Knoch to be performed by the posterior pair of palpi or feelers; while, on the other hand, there are many animals possessing a tongue, who do not use it as an organ of taste. All birds possess a tongue, for even the pelican, which has been said to be tongueless, has a rudiment of this member; yet there are but few birds, comparatively, that taste or are able to taste with this organ. Parrots, predaceous and swimming birds are an exception to this remark; for they possess a soft thick tongue, covered with papillæ, and moistened with a salivary fluid, and select that food which is the most agreeable. Yet, in by far the greater proportion of birds, we do not find the tongue appropriated to this purpose. In many of them, indeed, it is stiff, horny, and destitute of nerves. The tongue of the toucan, though sometimes several inches in length, is scarcely two lines broad at its root: it has throughout the appearance of whalebone, and its margins are fibrous. The tongues of the woodpecker and cock of the woods are equally hard and horny: in themselves, they are short, and in a quiescent state, lie backward in the mouth, and are covered with a sort of sheath issuing from the os hyoides or the œsophagus; but they possess a mechanism, which renders them extremely extensible, and capable of being thrust forward to a considerable distance. That of the woodpecker is sharp-pointed, with barbed sides, and is darted with great rapidity out of the mouth to an extent of some inches; by which means it follows up such insects as the animal is in pursuit of through all their errandies in the bark of trees, sticks them through with its apex, and in this state drags them out for food. The chameleon has a tongue of a somewhat similar kind, which, in like manner, answers the purpose, not of taste, but of preying for food. It is contained in a sheath at the lower part of the mouth, and has its extremity covered with a glutinous secretion. It admits of being projected to the length of six inches; and is used in this manner by the animal in catching its spoil, and especially in catching flies. It is darted from the mouth with wonderful celerity and precision; and the viscid secretion on its extremity entangles minute animalcules, which constitute another portion of its food.

The tongue, when it forms an organ of taste, as in man, is studied, and especially on its upper surface and lateral edges, with innumerable nervous papillæ, issuing from a peculiar membrane that lies beneath, and has a near resemblance to the skin in other parts, but is softer and more spongy. Its external tunie or cuticle is an exquisitely fine epithelium, which is moistened, not by an oily fluid, like that of the surface of the body, but a peculiar mucus.

We have here, therefore, a more exquisite sense of touch than on the general skin, whose papillæ are not only smaller but dry.

There can be no question, also, that the sentient fluid with which they are supplied is differently modified from that of the skin; and hence the provinces of the two senses, though they oc-

GEN. IV.

Parageusis.

taste; as taste has remained when the tongue has been lost, or never existed.

Some animals appear to have a power of taste that have no tongue.

Other animals possessing a tongue do not employ it as an organ of taste.

Few birds thus employ it.

Toucan.

Woodpecker and cock of the woods.

Chameleon.

The tongue when an organ of taste studded with papillæ: covered with a fine epithelium.

Hence more sensible of touch than the papillæ of the skin:

GEN. IV.

Parageusis.

and rendering it capable of discerning qualities which the papillæ of the skin cannot.

Exact cause of diversity of flavours unknown.

Opinion of the Epicureans still common in the present day.

Explanation unfounded.

Flavour influenced by the state of the tongue and adjoining organs.

Whence the same flavours affect different persons differently; and the same person at different times.

Whence the quality of being insipid.

How the spirituous parts of plants act.

casionally approach each other, are still kept distinct; and the tongue becomes a discernor of certain qualities which the skin cannot discriminate, as sour, sweet, rough, bitter, salt, and aromatic.*

Thus much we know; but we do not know the cause of that different effect, or, in other words, of that variety of tastes which different substances produce upon the papillæ of the tongue, and which constitute their respective flavours. It was supposed by the Epicureans, and the doctrine has descended to the present day, that all this depends upon the geometrical figure of the sapid corpuscles; and particularly so with respect to saline bodies, which are cubic in sea-salt, prismatic in nitre, and equally diversified in vitriol, sugar, and other crystals. It is sufficient, however, to annul this explanation, to observe, that many crystals of very different forms are alike insipid; while others of the same, or nearly the same shape, possess very different flavours; as also that the flavour in any of them continues the same, even where we are able to change the figure; as, for example, by rendering common nitre cubical. The cause of flavours, therefore, appears to reside in the elementary principles of substances that lie beyond the reach of our senses.

But the variable condition of the peculiar covering of the papillæ of the tongue, together with the condition of the adjoining organs, which concur in the purpose of the tongue, as also the changeable nature of the saliva and of the substances lodged in the stomach, all concur in influencing the taste, and giving a character to the flavour. And hence the same flavours do not affect persons of all ages, nor of all temperaments; nor even the same person at all times. In general, whatever contains less salt than the saliva seems insipid. The spirituous parts of plants are received, in all probability, either into the papillæ themselves, or into the absorbing villi of the tongue; and hence the rapid refreshment and renovation of strength, not easy to be accounted for otherwise, which these stimulating materials produce, even when they are not taken into the stomach.

* Instead of this hypothesis of a modification of the nervous fluid, modern discoveries teach us rather to seek in the different nerves with which the tongue is supplied for an explanation of the cause of the peculiar and diversified faculties which it enjoys; as, for instance, the power of motion, the power of common sensation or touch, and the power of taste. "In man," as Mr. Mayo has observed, "the apparent sense of taste is the tongue and palate: the same surfaces have an exquisite sense of touch; and an attentive examination shows, that the latter occupies a larger surface than the former, and is, indeed, the only sense with which the palate is endowed."

"Upon the surface of the tongue, again, the sense of taste is very partially distributed, being restricted to the papillæ fungiformes. The largest of these are found upon the dorsum of the tongue, while the smaller and more numerous are situated along the sides and towards the tip of the tongue. They are vascular and erectile, and shoot up when the tongue is touched by a sapid substance." (See *Outlines of Human Physiology*, p. 406. 2d edit.) It is clear, however, that if some facts, to which the author of the *Study of Medicine* has adverted, be correct, either the sense of taste must be more extensive than here represented, or else that, under particular circumstances, other parts than those specified must acquire a gustatory power. The ninth pair of nerves, which are distributed to the muscles of the tongue, are merely the nerves of motion; while those of taste and sensation appear to be, first, the gustatory branch of the ganglionic portion of the third division of the fifth, which is distributed not merely to the muscles of the tongue, but to its mucous surface and to two of the salivary glands; and, secondly, the glosso-pharyngeal nerve, which sends branches to the surface of the root of the tongue. — ED.

It is from the diversity of flavours, by which nature has distinguished different substances, that animals are taught instinctively what is proper for their food: for, speaking generally, no aliment is unhealthy that is of an agreeable taste; nor is any thing ill tasted that is fit for the food of man. We here take no notice of excess, by which the most healthy foods may be rendered prejudicial, nor of mineral preparations, which are not furnished by nature, but prepared by art. And hence the wisdom of Providence incites man to select the nutriment that is best fitted for his subsistence, equally by the pain of hunger, and the pleasure of tasting. Man, however, is often guided by instruction and example, as well as by his own instinct: but animals, which are destitute of such collateral aids, and have to depend upon their instinct alone, distinguish flavours, as we have already observed they do smells, with a far nicer accuracy than mankind; and, admonished by this correct and curious test, abstain more cautiously than man himself from eating what would be injurious. And hence herbivorous animals, whose vegetable food grows often intermixed with a great diversity of noxious plants, are furnished with much longer papillæ and a more delicate structure of the tongue than mankind, as they are endowed also with a more accurate sense of smell; both which, indeed, they jointly rely upon for the same purpose.

The sense of taste, therefore, which possesses so close an analogy to that of smell, is subject to a similar train of specific diseases, and consequently the genus parageusis must contain the three following species:—

- | | |
|----------------------|----------------|
| 1. PARAGEUSIS ACUTA. | ACUTE TASTE. |
| 2. —————— OBTUSA. | OBTUSE TASTE. |
| 3. —————— EXPERS. | WANT OF TASTE. |

SPECIES I.

PARAGUESIS ACUTA.

ACUTE TASTE.

TASTE PAINFULLY ACUTE OR SENSIBLE TO SAVOURS NOT GENERALLY PERCEIVED.

THE sense of taste, like that of sight, smell, or hearing, is capable of acquiring a higher degree of accuracy by use: and hence those, who are in the habit of tasting wines by this organ, perceive a variety of flavours, or modifications of flavour, which another person, not versed in such trials, is insensible of. We also perceive, that the nerves of taste, like those of every other sense, become exhausted, and consequently torpid, by much labour and fatigue. And hence the nicest discriminator, after having tried a variety of wines, spirits, or other pungent savours in quick succession, is far less capable of judging concerning them, and has at last little more than a confused perception of gustatory excitement.

GEN. IV.
Parageusis.

Diversity of flavours teaches animals instinctively their proper food. No aliment unhealthy in itself that is of an agreeable taste.

Exceptions. Quadrupeds have a more discriminating taste as well as smell than man: and hence readily distinguish nutritive from poisonous plants, when intermixed.

GEN. IV.
SPEC. I.

Sense of taste improvable by use:

and exhausted by labour.

GEN. IV.

SPEC. I.

Parageusis
acuta.

Morbid acuteness of taste distinct from accuracy of taste.

Causes, morbid sensibility in the gustatory nerves; and a deficient secretion of lubricating mucus.

Both causes sometimes co-exist.

Mucus sometimes aeriminous when secreted.

Medical treatment.

Emetics.

Topical applications.

Attention to the primary disease when symptomatic.

Morbid acuteness of taste, however, varies essentially from accuracy of taste: for, under particular states of irritation, pungent savours, of whatever kind, give equal pain to the tongue, which at the same time is altogether incapable of distinguishing between them.

This painful acuteness may proceed from two causes: a morbid or excessive sensibility in the nerves of taste, or a deficient secretion of the peculiar mucus that lubricates the lingual papillæ; in consequence of which the latter are exposed in a naked state to whatever stimuli are introduced into the mouth. The former is sometimes found, though for the most part only temporarily, in highly nervous and irritable constitutions, and especially during a state of pregnancy; the latter in certain morbid conditions of the stomach, accompanied with great thirst and a parched tongue. Both these causes, however, very frequently co-exist; as in ulcerated sore throats, or other excoriations of the mouth, in which the papillæ are in a state of the keenest excitement, while the tongue is sore, either from a defective secretion of mucus, or from its being carried off by a morbid and augmented action of the absorbents as fast as it is formed.

In this state of diseased action, moreover, it not unfrequently happens that the mucus itself is secreted in a morbid condition; and the palate, instead of being soft and smooth, becomes harsh and rugous or furrowed, exquisitely irritable, and intolerant of the slightest touch or the mildest savours. I have sometimes met with this distressing affection, apparently as an idiopathic ailment, or at least unconnected with any manifest disease of the stomach or any other organ; and seemingly induced by a rheumatic pain from carious teeth. It is, however, far more frequently a symptom of dyspepsy, porphyra, and chronic syphilis.

In treating this affection, we should, in the first instance, direct our attention to the state of the stomach, and clear it of whatever sordes may probably be lodged there. This may sometimes be done by aperients, but it will be the surest way to commence with an emetic.

The local symptoms may, in the meanwhile, be relieved in two ways. First, by changing the nature of the morbid action, or exhausting the accumulated sentient power by acid or astringent gargles, or a free use of the coldest water alone; for which purpose also sage leaves and acrid bitters have often been employed with advantage. And next, the naked and irritable tongue may be sheathed with mucilages of various kinds, and thus a substitute be obtained for its natural defence. And, in many cases, both these classes of medicines may be conveniently united.

When the affection is a symptom of some other disease, as in the case of syphilis and scurvy, it can only be cured by curing the primary malady. Carious teeth, if such exist, should be extracted; and if the palate be rugous or spongy, scarification should be employed.

SPECIES II.

PARAGEUSIS OBTUSA.

OBTUSE TASTE.

TASTE DULL AND IMPERFECTLY DISCRIMINATIVE.

THIS species rarely calls for medical attention. It occurs sometimes idiopathically, and seems to be dependent on a defective supply of nerves, or nervous influence subservient to the organ of taste. I have seen it under this form in various instances; and, as already observed, have found it connected in a few cases with obtuseness of smell. The patient has not been altogether without taste or smell, but both have been extremely weak and incapable of discrimination. In the case alluded to at the commencement of this species, the individual could distinguish the smell of a rose from that of garlic, and the flavour of port wine from that of mountain or madeira; but she could not discriminate between the odour of a rose and that of a lily, nor between the taste of beef, veal, or pork, and consequently gave no preference to either of these dishes.

GEN. IV.
SPEC. II.

Sometimes idiopathic: and connected with obtuseness of smell.

As a symptom, this affection occurs in almost all the diseases that are accompanied with hebetude of smell, as catarrh, hysteria, and several species of cephalæa.

Found frequently as a symptom.

SPECIES III.

PARAGEUSIS EXPERS.

WANT OF TASTE.

TOTAL INABILITY OF TASTING OR DISTINGUISHING SAVOURS.

As an utter want of smell is sometimes a natural or congenital effect, so in a few instances is an utter want of taste, and unquestionably from the same cause, an absolute destitution of nerves or nervous power subservient to the gustatory organ. This default is altogether immedicable: as is also for the most part the same when a result of palsy, general or local; though here stimulant gargles or masticatories, as mustard-seeds, horse-radish, pyrethrum, and camphor, have sometimes succeeded in restoring action to the torpid nerves. When, however, it occurs, as it sometimes does, from a long use of tobacco, whether by smoking or chewing, or of other acrid narcotics, these stimulants will be of no use.

GEN. IV.
SPEC. III.

Sometimes natural and congenital: and then immedicable. Sometimes the result of palsy, and may admit of palliation.

In fevers, various exanthems, and inflammations, this species exists temporarily, partly, perhaps, from a diminished or morbid production of sensorial power, but chiefly from a conversion of the mucus of the tongue into a dry, hard, or tough and viscid sheath. And where there is much increased heat and action, the epithe-

A temporary symptom in various complaints.

GEN. IV.
SPEC. III.
Parageusis
expers.

lium or cuticle of the tongue itself becomes often peculiarly thickened and coriaceous or leathery. Acids, in the form of gargles, are the pleasantest means of removing this morbid substance, but they will often succeed best if rendered viscid, and converted into a soap by mixing with them a little almond oil, which may at the same time be sweetened with honey.

GENUS V.

PARAPSIS.

MORBID TOUCH.

SENSE OF TOUCH OR GENERAL FEELING VITIATED OR LOST.

GEN. V.
Origin of the
generic term :
hitherto dif-
ferently and
discordantly
applied.

PARAPSIS is derived from the Greek terms, *παρά* and *ἄπομαι*, "perperam tango." The common technical name for the genus is *dysæsthesia*, but not quite correctly; since this word, as we have already had occasion to observe, is also employed to express morbid external sensation of any kind, whether of touch, taste, smell, sight, or hearing: while by Dr. Young it is equally applied to one at least of the faculties of the mind, as in *dysæsthesia interna*, which he characterises as "a want of memory, or confusion of intellect."

This genus embraces three species as follow:—

- | | |
|--------------------|--|
| 1. PARAPSIS ACUTA. | ACUTE SENSE OF TOUCH OR
GENERAL FEELING. |
| 2. ——— EXPERS. | INSENSIBILITY OF TOUCH OR
GENERAL FEELING. |
| 3. ——— ILLUSORIA. | ILLUSORY SENSE OF TOUCH OR
GENERAL FEELING. |

[The skin is the principal seat of touch; though modifications of this sense are said to reside in various mucous surfaces, and in the voluntary muscles. The power of distinguishing with the finest discrimination the tangible properties of bodies is certainly in the hand, and especially in the extremities of the fingers. "The nerves, says Mr. Mayo *, "which minister to the sense of touch, are the posterior roots of the spinal nerves, the large division of the fifth, the *nervi vagi*, and the glosso-pharyngeal nerves. The body, the neck, and occiput, and the limbs, are supplied by the spinal nerves; the face, temples, and fauces, by the fifth; the pharynx and œsophagus by the *nervi vagi* and glosso-pharyngeal nerves. It is remarkable, that the nerves of touch have ganglions near their origin."]

* Outlines of Human Physiology, p. 402. 2d edit.

SPECIES I.

PARAPSI ACUTA.

ACUTE SENSE OF TOUCH.

THE SENSE OF TOUCH PAINFULLY ACUTE OR SENSIBLE TO IMPRESSIONS NOT GENERALLY PERCEIVED.

THIS species of morbid sensibility shows itself under almost innumerable modifications ; but the four following are the chief :—

GEN. V.
SPEC. I.

α Teneritudo.	Soreness.
β Pruritus.	Itching.
γ Ardor.	Heat.
δ Algor.	Coldness.

In the first variety, or that of SORENESS, there is a feeling of painful uneasiness or tenderness, local or general, on being touched with a degree of pressure that is usually unaccompanied with any troublesome sensation. This is often an idiopathic affection ; but more generally a symptom or sequel of fevers in their accession or first stage, inflammations, or external or internal violence, as strains, bruises, and spasms.

α P. acuta
teneritudo.

It is not always easy to account for this feeling, and perhaps the cause is, in every instance, more complicated than we might at first be induced to suppose. It occurs where there is distention of the vessels, where there is contraction of them, and where there is neither. Wherever it exists, however, it is a concomitant of debility, and may, in many instances, be regarded as the simple pain of debility, the uneasiness of an organ thrown off from its balance of health. The general health of the body depends in a very considerable degree upon the harmonious co-operation of its respective organs ; inasmuch, indeed, that this harmony of action, as we had occasion to observe in the Physiological Proem prefixed to the present class, was supposed by a distinguished school of ancient philosophers, and is still supposed by many physiologists of the present day, to constitute the principle of life itself. Regarded as an universal principle, the hypothesis is unfounded, though in many respects beautiful and plausible. Yet, notwithstanding that the life of the animal frame does not altogether depend upon an harmonious co-operation of the whole of the organs that enter into its make, much of the comfort of life has such a dependence ; and we trace the same principle in the minutest and comparatively most trivial parts of the animal functions, as manifestly as in the largest and most complicated organs. Where every portion of a member, however subordinate in itself, as a toe or a finger, works well or healthily, there is a feeling of ease and comfort, but wherever it works ill or with difficulty, there is a sense of disquiet, and, under peculiar circumstances, of tenderness or soreness. A change in the diameter of a vessel, whether by dilatation or contraction, provided it be moderate and gradual, is accompanied with no

Pathology.
Different circumstances under which the affection occurs.

Feeling of corporeal ease and comfort, on what dependent.

Feeling of disquiet and tenderness produced by various causes.

GEN. V.

SPEC. I.

α P. acuta
teneritudo.

Gentle stimulants form the best remedy.

β P. acuta
pruritus.

Generally produced by mechanical or morbid irritants.

Sometimes by a morbid sensibility of the nerves of feeling.

Mechanical stimulants.

Simple tickling.

Tingling.

Pricking.

Morbid
irritants.

Found as a symptom in various diseases.

γ P. acuta
ardor.

Easy and pleasurable warmth, what.

Heat a strong irritant.

Mode of action and cause of uneasiness.

uneasy sensation whatever ; but if it either be violent or sudden, a feeling of soreness is a certain result.

Warmth, gentle friction, and stimulants, as spirits, balsams, and essential oils, are of general advantage, wherever the kind of tenderness we are now describing occurs, and is unconnected with inflammation.

The sense of *ITCHING*, which may be defined a painful titillation, local or general, relieved by rubbing, is commonly a result of some mechanical or morbid irritant applied externally or internally to the part affected ; though sometimes, unquestionably, dependent upon a morbid sensibility of the nerves of feeling themselves. If the summit of the nerves or their extreme points be alone touched, the effect is *TICKLING* or *TITILLATION*, as in the vellication of the skin by a feather ; if it descend a little below the summit, it is accompanied with a vibratory feel which we call *TINGLING*, as when the beard of barleycorns creeps unobserved by us up the arms ; and if it reach still deeper, it is combined with a sense of piercing, which we call *PRICKING*, as when the keen hairs of several species of *dolichos* or cowhage are handled or blown upon the skin by a light breeze.

In many cases all these modifications of itching are the effect of some acrimonious secretion on the surface of the body, or of an acrimonious change in the common matter of perspiration, in consequence of its lodging in the cutaneous follicles longer than it should do. The *PAPULOUS EFFLORESCENCES* we shall have to treat of under the third order of the sixth class will afford abundant examples of both these causes of itching, apparently produced by, or closely connected with, a morbid sensibility of the cutaneous nerves themselves. For the present we can do nothing more than refer generally to various species of *exormia*, as lichen and prurigo ; and of *ecpyesis*, as impetigo and scabies. It is, moreover, highly probable, that the disorder called *FIDGETS* is sometimes chiefly dependent on a morbid sensibility of the summits or extreme ends of the cutaneous nerves.

This affection is also found as a very troublesome symptom in *pernio* and other cutaneous inflammations, as likewise in *urticaria* and other rashes.

The sensations of *HEAT* and *COLD* may be explained at the same time. An easy and pleasurable warmth depends, in a state of health, upon a moderate temperature of the atmosphere, which cannot be very accurately laid down, because, from habit or constitution, or some other circumstance, different persons enjoy very different temperatures. Now it is the well known property of heat and cold to disturb the temperature, whatever it may be, that affords ease and comfort to the nerves of feeling ; and to produce disquiet as they either raise or depress it. And this both of them do in two distinct ways. *HEAT* is a strong irritant, and even if it made no change in the bulk of a living organ, or the juxtaposition of its particles, like all other irritants it would still excite a troublesome feeling, amounting at length to acute pain, if raised to a considerable range beyond the ordinary scale. But it does, in every instance, excite a change in the bulk of living organs and the juxtaposition of their particles ; for it enlarges the former in every direction, and only does this by separating the particles from

each other; in which forcible and sudden divellication we have a second source of the troublesome and acute sensation, which so constantly accompanies a temperature when carried very considerably above the point of health.*

Heat, as an idiopathic affection, occurs chiefly in plethoric and irritable habits. In the former it is relieved by blood-letting, and evacuants of neutral salts; in the latter by mild diaphoretics, and afterwards cold bathing and other tonics.

As a symptom it is found, also, in the second stage of fever, in inflammation, and entonic emipathema.

COLD is also a strong irritant, though it acts by the opposite means of heat. When the atmospheric temperature is too high, it is a pleasant and reviving agent, inasmuch as it both reduces the heated medium, and restores the particles of the affected organ from a state of disquieting tenseness to their usual scale of approximation. If the cold be pushed farther, it may go a little beyond this, and still be pleasant and healthful; for the organ or the general system may be in a state of morbid relaxation, and, consequently, in their actual scale of approach, the living particles may be too remote for the purposes of high elasticity and vigour. And it is in such a condition as this that cold chiefly shows its stimulant power, and is so generally resorted to as a tonic. But if the agency of cold be carried farther than this, it produces uneasiness to the nerves of feeling by a process precisely the reverse of that we have just shown to be pursued by heat, and consequently in a twofold manner. First by sinking the warmth of the organ, or of the system, below its scale of ease and comfort; and next by forcing the living particles into too close and crowded a state, and not allowing them sufficient room for play.

Cold, as an idiopathic affection, is chiefly local, and most common to the head and feet. It is temporarily relieved by warmth and stimulants, and particularly by the friction of a warm hand; and, where it can be used, the exercise of walking. It is permanently relieved by the warmer tonics, as sea-bathing and aromatic bitters.

Considerable mischief has often been produced by a sudden exposure of the feet to severe cold, and especially in delicate and irritable habits, unused to such applications: as colic, cephalæa, catarrh, fevers of various kinds, and, in a podagral diathesis, gout. But the application of severe and sudden cold to the head or stomach by drinking ice or cold water, and especially when the individual is heated and perspiring, has been followed with more alarming effects, and even with death itself. Mauriceau relates an instance of death produced during baptism, by applying to the head the water of the baptismal font.† But this must be a rare occurrence; while the fatal effects of drinking ice or iced water in a state of heat are innumerable.

* The effects of heat upon the human body are partly influenced by the state of the innervation at the period of its application. This is illustrated by a fact mentioned in Mr. Earle's Essay on Burns: — A lady met with a comminuted fracture of the clavicle, and severe injury of the shoulder, producing paralysis of the arm, and it was noticed, after the accident, that she could not put her hand into moderately warm water, without redness, vesication, and the other usual consequences of the application of high degrees of heat, being immediately excited. — Ed.

† Tom. ii. p. 348.

GEN. V.

SPEC. I.

γ P. acuta
ardor.

Operating in
a twofold
manner.

When an
idiopathic
affection, how
relieved.

Found also as
a symptom in
various dis-
eases.

δ P. acuta
algor.

Cold, a strong
irritant.

Mode of action
and cause of
uneasiness.

Operates in
a twofold
manner, re-
versely to the
process of heat.

Where chiefly
seated, when
an idiopathic
affection; and
how relieved.

Mischief of a
sudden ex-
posure to cold.

GEN. V.
SPEC. I.
♂ P. acuta
algor.

Singular re-
mark of
Fordyce.

Explained.

Cold, as a
symptom, found
in various dis-
eases.

It is observed by Dr. Fordyce *, and the observation is quoted and called curious by Dr. Darwin, "that those people who have been confined some time in a very warm atmosphere, as of 120 or 130 degrees of heat, do not feel cold, nor are subject to paleness of their skins, on coming into a temperature of 30 or 40 degrees; which would produce great paleness and painful sensation of coldness in those who had been for some time confined in an atmosphere of only 86 or 90 degrees." The cause is not difficult of explanation. The sensorial power is exhausted, and the nerves of feeling rendered torpid, by a long exposure to a heat of 120 or 130 degrees, and the turgid capillaries, whose dilatation produces the general blush, lose their power of constriction or collapse; while in a heat of 86 or 90 degrees neither of such effects takes place.

Cold, as a symptom, is found in the first stage of fever, in syncope, hysteric sypspasia, nausea, and atonic emipathema; in all which the affection is general.

SPECIES II.

PARAPSI EXPERS.

INSENSIBILITY OF TOUCH OR GENERAL FEELING.

THE ORGAN OF TOUCH TOTALLY IMPERCIPIENT OF OBJECTS APPLIED TO IT.

GEN. V.
SPEC. II.
The amblyaphia
of some writers.

UNDER this species, by some writers denominated amblyaphia, we may mention the two following varieties:—

α Simplex.
Numbness.

Confined locally or generally to the organ of touch: sometimes accompanied with uneasiness.

β Complicata.
Complicated insensibility.

Complicated with insensibility in several of, or all, the other senses.

α P. expers
simplex.
How produced
occasionally.

Occasional and local NUMBNESS is common to most persons. A tight bandage, or accidental pressure of one limb upon another, by obstructing the communication or activity of the nervous influence, will often produce this, when the limb is commonly and emphatically asserted to be asleep. A very slight motion, however, takes it off, when the irregular transmission of the sensorial power, on its first return, produces a sense of pricking, as though a ball of needles were in the limb, and pushing in every direction. Where such numbnesses, however, occur without pressure or any manifest cause, they well deserve watching and resisting by tonics or stimulants, local or general; for they clearly show a tendency to paresis, if not to paralysis.

Idiopathic and
permanent
numbness.

But there are some persons who possess by nature a numbness, or privation of the sense of feeling, in particular organs or parts of

* On Simple Fever, p. 163.

the surface, which appears to depend on a natural destitution of the nerves of touch wherever such insensibility is to be found. And hence they are able, in such parts of the body, to prick or cut themselves, or to run pins to any depth below the skin, without pain. I have seen several striking examples of this peculiar affection. Sometimes the numbness has been limited to a single limb, but common to the whole of it, as the hand, for example, which at the same time has possessed a full power of motion. Sometimes the insensibility has been universal, or extended over the whole surface. Lamarck relates a case, in which this want of feeling was confined to the arm; but, at the same time, was so complete, that the man who laboured under it had no pain during the progress of a phlegmon; and who, on another occasion in which he broke his arm, felt nothing more than a crash, and merely thought he had broken the spade he was at work with. Dr. Yelloly has described another interesting case in the third volume of the *Medico-Chirurgical Transactions*. The patient, aged 58, had been first affected in Jamaica about three years before, and the affection had become permanent. "The hands," says Dr. Yelloly, "up to the wrist, and the feet half way up the legs, are perfectly insensible to any species of injury, as cutting, pinching, scratching, or burning. The insensibility, however, does not suddenly terminate; but exists to a certain degree nearly up to the elbow, and for some distance above the knee. He accidentally put one of his feet, some time ago, into boiling water, but was no otherwise aware of the high temperature, than by finding the whole surface a complete blister on removing it. The extremities are insensible to electrical sparks taken in every variety of mode."*

As an example of the SECOND MODIFICATION, or insensibility in the organ of touch, complicated with insensibility in several other senses, we may mention the following, which Sauvages has copied from the *Academy Collections*:—"The patient, a delicate young man, was suddenly in the morning deprived equally of speech and of the sense of touch, without any assignable cause or premonition. Punctured and pricked in different parts of his body, in his head, neck, back, shoulders, breast, arms, abdomen, he felt nothing whatever, and even laughed at the singularity of the phænomenon; as, with the exception of numbness and cutaneous insensibility, he laboured under no kind of disease. The complaint continued two days, and seems to have yielded to venesection."

Insensibility of touch, either simple or complicated, is also felt as a symptom in apoplexy, palsy, catalepsy, epilepsy, sypspasia, and syncope.

Where the numbness is complete and constitutional, it lies beyond the reach of medicine; where it is recent and less extreme, it will often yield to friction alone, or with camphorated oil or spirits; to heat, especially that of the warm bath; ether, ammonia, and water, and the Voltaic stream, or small shocks of electricity.

* In the case, mentioned in the note to page 213. of the present volume, a paralytic state of the arm rendered it extraordinarily susceptible of the influence of heat. — En.

GEN. V.
SPEC. II.
α P. expers
simplex.
Part affected
may be pierced
or wounded
without pain.
Sometimes
local:
sometimes
general.
Singular
example.

Further
illustration.

β P. expers
complicata.

Striking
examples.

Found in one
form or another
in various com-
plaints.
Remedial
treatment.

SPECIES III.
PARAPSI ILLUSORIA.
ILLUSORY SENSE OF TOUCH.

IMAGINARY SENSE OF TOUCH, OR GENERAL FEELING IN ORGANS
THAT HAVE NO EXISTENCE.

GEN. V.
SPEC. III.

Pseudæsthesia
of Ploucquet.

Explanation.

Pathology.

Founded on a
particular law
of sympathy
chiefly operat-
ing on the
extremities of
vessels or
organs.

Illustrated.

Often on
remote organs.

Morbid impres-
sion once
effected, often
of long con-
tinuance even
after a removal
of the cause.

Illustrated.

THIS is the pseudæsthesia of Ploucquet; and is frequently found among persons that have suffered amputation; who, for a long time after the loss of the separated limb, have still a sense of its forming a part of the body, and suffer in idea the same kind of pain, or other inconvenience, they endured before its removal.

It proceeds from that close sympathy which peculiarly prevails between the extremities of the living fibre in all organs whatever, and which, as we have already had occasion to show, extends also between the terminating links of various chains of action that run into organs at a considerable distance from each other. Of the first we have an example in the constrictive pain, produced in the glans penis when the neck of the bladder is irritated by the lodgment of a calculus upon it. So, if the fauces or upper end of the œsophagus be tickled by a feather, the stomach, at the lower end, will be excited to nausea and sickness; and if the stomach itself feel suddenly faint and enfeebled, the rectum will at the same time give way, and involuntarily discharge its contents. Of the second kind of sympathy, or that which shows itself between remote organs engaged in a common chain of action, we have a striking instance in the swelling of the mammæ on the irritation of the uterus in pregnancy; and we had occasion to point out another equally striking, when treating, under the last class, of several species of marasmus, in which the chylific and assimilating organs, constituting the two extremities of the great chain of the nutritive function, maintain, on various occasions, a wonderful harmony both of energy and weakness.*

And hence, in a diseased limb, the pain which originates in the part affected is often extended, or even transferred, by sympathy, to its tendinous extremities, where the morbid impression remains in many instances long after the diseased portion of it has been removed. Nor is this protraction of the impression to be wondered at; for we are perpetually witnessing cases, in which, when a morbid impression has once been established, it continues to manifest itself in the same manner. Thus, when dust has been blown into the eye, a sensation of pricking is just as much felt in the conjunctiva for some hours after the dust has been washed out, as when it was actually goading the tender tunie: and in like manner, when an ague has been once generated in the animal frame by an exposure to marsh miasm, the patient will be still subject for many

* Vol. ii. Cl. III. Ord. IV. Gen. III. Spec. 1. Marasmus Atrophia; and Spec. III. M. Climactericus.

weeks, or perhaps months, to the same return of febrile paroxysm, how widely soever he may remove from the tainted region, and thus free himself from the cause of the disease.

In the case before us, the illusory feeling becomes fainter by degrees, and as the affected fibres return to a healthy condition. And if in the mean time it be very troublesome, it may generally be relieved by a moderate use of narcotics.

A like imaginary sensation is occasionally felt, as a symptom, in hypochondrias, and various other mental affections; in which ideas of pain and distress are mistaken for realities, and produce as severe a suffering.

GEN. V.
SPEC. III.
Parapsis
illusoria.
Remedial
treatment.

Found as a
symptom in
some mental
affections.

GENUS VI.

NEURALGIA.

NERVE-ACHE.

ACUTE SENSIBILITY AND LANCINATING PAIN IN THE COURSE OF ONE OR MORE BRANCHES OF NERVES IN AN ORGAN; MOSTLY WITH AN IRREGULAR MOTION OF THE ADJOINING MUSCLES; RECURRENT IN SHORT PAROXYSMS WITH INDETERMINATE INTERVALS OR REMISSIONS.

THE term NEURALGIA, from νεῦρον, “nervus,” and ἄλγος, “dolor,” has been for many years employed with great accuracy to express a division of diseases, which will probably hereafter be found to be peculiarly numerous, and, in some modification or other, to appertain to most of the organs of the animal frame.

The term neuralgia has of late been employed by various nosologists to express this group of diseases, especially by Professor Chaussier of Paris, and Dr. Meglin, of Strasburg. Yet, till of late, only the neuralgia of the face seems to have been known to any pathologist: M. Chaussier, however, has added the second of the present species, under the name of *neuralgia plantaris*.

Since the publication of the volume on Nosology, I have been consulted on a very striking disease of the same kind, occurring, with a few local peculiarities of feature, in the female breast; and we are hence put into possession of another species, making the entire number three that have now exhibited themselves under precise and determinate characters. These species, therefore, are as follow:—

- | | |
|----------------------|---------------------------|
| 1. NEURALGIA FACIEL. | NERVE-ACHE OF THE FACE. |
| 2. ————— PEDIS. | NERVE-ACHE OF THE FOOT. |
| 3. ————— MAMMÆ. | NERVE-ACHE OF THE BREAST. |

There can be little doubt, that other organs, besides these, are subject to the same mis-affection; and it is not improbable that accident, on a minuter investigation of the subject, may show that

GEN. VI.
Origin of
generic term.

Only one genus
of this species
known till of
late.
A second
species indi-
cated in the
author's
Nosology.
A like view
taken by
Chaussier.
A third species
now to be
added.

GEN. VI.
Neuralgia.

almost every part of the body may become a seat of neuralgia.* M. Recamier has of late met with a painful and intractable disease of the uterus, which he has regarded as of this kind, and has denominated *uterine neuralgia*, though he does not speak of it with much decision.†

Nerves of general feeling, what; as distinguished from those of external feeling.

The sensation named *cænesthesia*; *Ge-meingefühl* by the Germans.

Species of disease appertaining to the present genus seated in these nerves.

The corporeal senses which have hitherto passed within the range of our observations, as the seats of different genera of diseases, are external, and serve to convey impressions peculiar to themselves. It is, however, sufficiently known to every one, that there is not an organ in the body but is possessed of nerves productive of a very different kind of sensibility from any of these; less distinct, perhaps, and elaborate, but the index of its weal or wear, its comfort or disquiet; and which may be sufficiently expressed by the name of *general feeling*. It is possible, indeed, that this general feeling may, in some degree, be differently modified in every organ; but as the distinctions, whatever they may be, are not nice enough for us to trace out and arrange, as they are in the local senses, it is sufficient for all the purposes of pathology to regard this feeling as common to all the sentient organs, and consequently as one and the same. We have already taken some notice of it in the proem to the present class, and have observed, that it has been described by some physiologists under the name of *cænesthesia*, and by the Germans is denominated *Gemeingefühl*, or general feeling. Dr. Hubner published an inaugural dissertation on this subject in 1794, in which he enumerates its properties at some length.‡ I have never seen this treatise, but Sir Alexander Crichton, who has, describes it as a very ingenious production.

It is these nerves of general sensibility, that seem to constitute the seat of disease in the three species we are now about to enter upon, and consequently indicate, that the present is their proper place in a system of physiological nosology.

* The editor has seen several examples of neuralgia of the arm, which arose from injuries of the thumb or fingers. M. Ribes has recorded a case of neuralgia of the external sciatic popliteal nerve, which disorder gradually extended its paroxysms of violent pain, with convulsions of the muscles, over the greatest part of the body. It arose from a gun-shot wound of the upper third of the leg, and resisted various medicines, the moxa, &c.; but was very materially relieved, though not completely, by the division and excision of a portion of the above nerve.—See Magendie's *Journ. Expér. de Physiol.*, tom. ii. p. 343. See also cases of neuralgia in various situations, by Dr. Evans, in *Edin. Med. Journ.*, No. lxxix. p. 278.

† *Tableau des Maladies observées à l'Hôtel-Dieu, dans les Salles de Cliniques, &c.* Par L. Martinet, *Révue Médicale*, &c. 1824.

‡ *Commentatio de Cænesthesi Dissert. Inaug. Medica.* Auctore C. F. Hubner, 1794.

SPECIES I.

NEURALGIA FACIEI.

NERVE-ACHE OF THE FACE.

LANCINATING PAINS SHOOTING FROM THE REGION OF THE MOUTH TO THE ORBIT, OFTEN TO THE EAR, AND OVER THE CHEEK, PALATE, TEETH, AND FAUCES; WITH CONVULSIVE TWITCHINGS OF THE ADJOINING MUSCLES.

THIS is the *trismus maxillaris*, or *t. dolorificus* of M. de Sauvages, for it is not necessary to make a distinction between them, as Sauvages himself has done; by Dr. Fothergill it is denominated *dolor crucians faciei*. As the French give the name of *tic* to *trismus* or locked jaw, they distinguish this first species of neuralgia, affecting the nerves about the jaw, by the name of *tic douloureux*, by which term the disease is, perhaps, chiefly known even in our own country in the present day. I shall have occasion to observe more at large, under the genus *TRISMUS*, that the word *tic* is commonly supposed to be an onomatopy, or a sound expressive of the action it imports; derived, according to some, from the pungent stroke with which the pain makes its assault, resembling the bite of an insect; but, according to Sauvages and Soleysel, from the sound made by horses, that are perpetually biting the manger when labouring under this peculiar affection. We do not, however, appear to be acquainted with the real origin of the term.

From the symptoms by which this complaint is distinguished, it is not difficult to decide concerning both its seat and nature. The character of the pain is very peculiar, and its course corresponds exactly with that of the nerves. The second branch of the fifth pair is, perhaps, more frequently affected than either the first or the third. But the *portio dura* of the seventh pair, which is distributed more extensively upon the face, under the name of *pes anserina*, is more frequently the seat of affection than any of the branches of the fifth pair seem to be; which is a matter of no small regret, as it is difficult for any operation to reach this quarter effectually, although it is a difficulty which we shall presently find has, in one instance, at least, been encountered and surmounted. When, however, the disease is seated in the seventh pair of nerves, we can be at no loss to decide concerning it, in consequence of the course and divarications of the pain, which commences with great acuteness in the fore-part of the cheek towards the mouth and alæ of the nose, sometimes spreading as high as the forehead, and ramifying in the direction of the ears. At other times, the forehead, temple, and inner angle of the eye on the side affected, and even the ball of the eye itself, form the chief lines of pungent agony, while, from irritation of the lachrymal gland, the eye weeps involuntarily. In this case we may reasonably suspect the disease to be seated in some part of the superior maxillary nerve, constituting the second branch of the fifth pair. And it is hence obvious,

GEN. VI.
SPEC. I.

Synonyms.

Tic douloureux, what.

Meaning of the word *tic*.

Symptoms sufficiently indicate its seat and nature.

Seat and course described.

Diagnostics.

Line of pain changes as the different branches of nerves are affected.

GEN. VI.

SPEC. I.

Neuralgia
faciei.Disease has
been mistaken
for various
others.How distin-
guishable.Cause little
known.Sometimes
local.

Exemplified.

that the radiation of the pain must vary according to the nerves or nervous twigs that are affected.*

The disease has been occasionally mistaken for rheumatism, hemicrania, and tooth-ache: but the brevity of the paroxysm, the lancinating pungency of the pang, the absence of all intumescence or inflammation, the comparative shallowness, instead of depth, of its seat, and its invariable divarication in the course of the facial nerves or their offsets, will always be sufficient to distinguish it from every other kind of pain.

Of its exciting causes we know but little. It seems sometimes to have been produced by cold, and sometimes by mental agitation in persons of an irritable temperament. But it has been found in the robust as well as in the delicate, in the middle-aged as well as in the old. In a few cases, the irritation has been local, of which Mr. Jeffreys has given a very striking instance in a young woman who, when only six years old, fell down with a teacup in her hand, which was hereby broken, one of the cheeks lacerated, and a fragment of the teacup imbedded under the skin. The wound healed, though slowly and with difficulty: the buried fragment of the teacup was not noticed, and consequently was not extracted. From an early period, a violent nervous pain returned nightly, and one side of the face was paralytic. These dreadful symptoms were endured for fourteen years: at the end of which time an incision was made through the cicatrix down upon what was then found to be the edge of a hard substance, and which appeared, when extracted, to be the piece of the teacup above noticed. From this time the neuralgia and paralysis ceased; the affected cheek recovered its proper plumpness, and the muscles their due power.†

It is possible, as suggested by M. Martinet, that, as a symptom, it may sometimes occur in what he calls, and perhaps correctly, an inflammation of the nerves, or a thickening of the neurilemma in some particular organ, of which he has given various examples, accompanied with a reddish or even violet tinge, and studded with minute ecchymoses.‡ But that this is not the only, or even the ordinary, proximate cause is clear, since, in the cases alluded to, pressure upon the part is intolerable, while in idiopathic neuralgia it is commonly consolatory, and considerably diminishes the agony.

* Some practitioners, remembering that the portio dura is only a nerve of motion, consider it doubtful whether this nerve is ever truly the seat of neuralgia. One of Dr. Elliotson's patients, however, complained of the disorder not only in the cheek, but in the course of the portio dura from the stylo-mastoid foramen. Two, or even all the three, branches of the fifth pair may be affected, and the pain may extend also to the other side of the face. Dr. Elliotson has known it extend down the neck to the shoulder, and along the inside of the arm to the ends of all the fingers and the thumb. Various nerves of the legs, arms, fingers, or toes, are occasionally the seat of the disease; and an intercostal, a lumbar, and even the spermatic nerve, have been attacked. The pain does not always shoot in the course of the nerve, but frequently in the opposite direction. See Cyclop. of Pract. Med., art. NEURALGIA. — Ed.

† Lond. Med. and Phys. Journ., Mar. 1823, p. 199. Sir Henry Hallford mentions the case of a lady, who suffered violent tic douloureux till an apparently sound tooth was extracted, on account of the attacks being frequently preceded by uneasiness in it: an exostosis was found at its root. Another case was relieved by an exfoliation of a portion of the antrum. — Ed.

‡ Mémoire sur l'Inflammation des Nerfs, &c. 1824. Also cases by Evans in Edin. Med. Journ., No. lxxix. p. 282.

André appears to have been the earliest writer who remarked this painful affection with accuracy; and he succeeded in removing it permanently by applying a caustic to the infra-orbitary or maxillary branch of nerves in one case in which a previous division of the nerve by the scalpel, as practised by Marechal, had produced only a temporary cure. André, who resided at Versailles, published his account in 1756, whimsically enough inserting it in a treatise on diseases of the urethra. A few unsatisfactory experiments and operations were given to the public in the course of the next fifteen years, chiefly by French practitioners, from which little of real value is deducible. In 1776, Dr. Fothergill, in the fifth volume of *Medical Observations and Inquiries*, communicated a very full and elaborate description and history of the disease: since which time M. Thouret and Pujol have each published a valuable paper on the same subject, in the *Memoirs of the Society of Medicine of Paris*, containing various cases collected and described with great minuteness; and we have already adverted to the more recent publications of Dr. Meglin and Professor Chaussier.

It has of late been suspected, that, in some cases, at least, of this disease, the seat of irritation might be at the origin instead of at the extremity of the nerve; an idea that has arisen from the powerful sympathetic action manifested by the eye and the stomach* forming the boundaries of the chain, upon which subject we shall have to speak at large, when treating the genus *ENTASIA* in the ensuing order. "The nerves," remarks Dr. Parr, "that supply the eye externally, and the slight connexion of the intercostal with the brain, are nearly from the same spot in the cerebrum, and it did not seem improbable, in the case alluded to, that the disease may have really been at the origin of the nerves, although felt as usual at its extremity." Dr. Parr was, in consequence, induced to try arsenic, and in one instance, he tells us, with a decidedly good effect. It is also said to have been since found serviceable in a few other cases. In Mr. Thomas's hands, however, we shall presently perceive that it completely failed. Mercury is also reported to have occasionally proved successful, and especially when carried to the extent of salivation; though in numerous instances it has been tried even to this last effect without any benefit whatever. [Some cases of facial neuralgia have been cured by applying a drop or two of the oil of croton to the tongue.† The effect on the nerve was almost instantaneous. Bark, and the sulphate of quinine‡, have also been tried with various results.]

When, about thirty years ago, animal magnetism was a fashion-

GEN. VI.

SPEC. I.

Neuralgia faciei.

Nature of the disease first pointed out by André, and attacked with success.

Afterwards fully described by Fothergill: by Thouret and Pujol:

by Meglin and Chaussier.

Seat of irritation sometimes suspected at the origin of the nerve.

Hence arsenic tried;

and mercury,

even to salivation.

Oil of croton. Bark.

* Dr. Elliotson assures us, that he has never seen one case of neuralgia referrible to disorder of the digestive organs. (See *Cyclop. of Pract. Med.*, art. *NEURALGIA*.) Where inflammation is obvious, whether rheumatic or not, he approves of local bleeding, mercury, colchicum, and antiphlogistic treatment in general. Should these means fail, he recommends anodynes to be added to them. When the complaint is rheumatic, but inflammatory, he approves of stimulants, internal and external, especially ammoniated tincture of guaiacum, a generous diet, tonics, mercury, and all modes of counter-irritation. In some cases, warm temperature and warm clothing seem essential; in some, the warm water or steam bath; and in others, the cold bath, followed by friction, answer best. — ED.

† *Med. Chir. Review*, Sept. 1821.

‡ *Obs. de Neuralgie sus-orbitaire droite, guérie par le Sulfate de Quinine*, par M. Piedagnel. *Magendie, Journ. de Physiologie Expér.*, tom. ii. p. 124.

GEN. VI.
SPEC. I.
Neuralgia
faciei.
Acetic ether.
Henbane and
zinc.
Subcarbonate
of iron.

able study in France, it was had recourse to for this disease among others, and had its day of favour as a popular remedy.* Of late, however, neuralgia has been attempted to be cured in France by an external use of acetic ether; while in Germany Dr. Meglin has employed pills composed of the extract of henbane†, and sublimed oxide of zinc, and according to his own statement with great success. But, beyond controversy, one of the most valuable medicines that have hitherto been tried, is the subcarbonate of iron, for the first use of which, so far as I know, we are indebted to the late Mr. Hutchison‡, of Southwell, who commonly employed it in doses of a drachm three times a day.

[Dr. Borthwick, however, has found the last plan so successful, and his confidence in it is such, that he regards the point now almost settled in practice, “that iron will relieve, if not cure, tic douloureux, (neuralgic affections, generally speaking,) as certainly and as speedily as quicksilver, in particular forms, will relieve and cure the lues venerea.” The dose, which he gives in severe cases, is one drachm and a half four times a day.§]

Prussic acid.

The instances of success appear to be very numerous, though this also, like all other medicines, has often failed. But there is another energetic medicine, which has also a fair claim to attention from a very different property — that of subduing the sensibility; and this is *prussic acid*. Mr. Taylor, of Cricklade, Wilts, has made repeated trials of this powerful sedative in various cases, and apparently with more rapid relief, than is afforded by the carbonate of iron. He commenced his career with a drop of Schcele's preparation, in twenty-four hours, in divided doses; but as he grew better acquainted with the effects of the medicine, he gave a drop for a dose at first, and then increased the dose to two drops, repeating it three times a day. In one or two instances he has carried the quantity, by a gradual augmentation, to twenty-four drops a day, in the course of a month's use; and very often to five and six drops a day, by adding a drop to every day's ac-

* Edin. Med. and Surg. Journ., July, 1823.

† The best anodyne narcotics for trial in cases of neuralgia, are the acetate, muriate, or sulphate of morphine, and the extracts of stramonium and belladonna. The editor has known great relief produced by the application of a plaster to the integuments covering the painful nerves, which was composed of one or two drachms of the extract of belladonna and an ounce of soap cerate. — En.

‡ Cases of Neuralgia Spasmodica, &c. By B. Hutchison, &c. 8vo. Lond. 1822. Numerous examples of the utility of subcarbonate of iron are now on record, and Dr. Elliotson adduces his testimony in favour of its efficacy in chronic neuralgia. When there is debility, and especially paleness, iron in full quantities operates much more effectually, he says, than quinine. Should no structural, nor mechanical cause, and no inflammation be present, and should the disease be of the exquisite character, he deems iron the remedy most worthy of trial. Although the doses specified in the text sometimes succeed, it is found that children will often take an ounce or six drachms every four hours. If given in twice its weight of treacle, Dr. Elliotson finds that it rarely constipates; but the bowels must always be kept open during its employment, for otherwise it is apt to accumulate in the intestinal canal in large masses. (See Cyclop. of Pract. Med., art. NEURALGIA.) Ice applied to the parts, has sometimes been of service. See Med. Chir. Trans., vol. xiii. p. 252.; and Cyclop. of Pract. Med. Also Crawford, in Med. Chir. Review; Dr. Belcher's case of neuralgic amaurosis, successfully treated by the carbonate of iron. Edin. Med. Journ., No. lxxxvi. p. 37. — En.

§ See Edin. Med. Journ., No. lxxxiii. p. 297.

count.* Time alone must determine, whether the cures, thus obtained, will prove as permanent as those effected by the tonic power of the subcarbonate of iron. To induce ease, however, under any circumstances, and for any period of time, in the midst of so much torment, is an invaluable blessing.

In effect, neither narcotics, nor tonics, nor any other class of medicines hitherto employed, can be in every case depended upon for a radical cure, though some of them, and particularly the subcarbonate of iron, are worthy of high commendation. "My father," says Dr. Perceval, of Dublin, in his manuscript comment on the present author's Nosology, "was subject to *neuralgia faciei* for several years, and used a variety of medicines without relief. He was worse in close damp weather, and much worse when his mind was occupied. At length he had an issue inserted in the nucha, kept his bowels free with James's analeptic pills, and exchanged a town residence for the country. In this situation he soon threw off the disease, from which he was free for a considerable time before his death." Change of scene, a transfer of morbid action, and a recruited cheerfulness of spirits, are valuable auxiliaries in the present as in every other nervous affection; but I much question, whether these alone have ever operated a cure. A spontaneous cure is the work of time alone; and time, though often a long and tedious period is requisite, will generally accomplish it, and probably did so in the case before us. The fact is, that the nervous system in every part, and every ramification, becomes gradually torpefied by excess of action; and as the eyes grow blind and the nostrils insolficient by strong stimulants applied to them, so the nervous twigs of every kind, after a long series of irritation from the present disease, become exhausted of power and obtuse in feeling: and it is probably by hastening this state, that the most active stimulants, and the warmer tonics, produce whatever benefit is to be ascribed to them.

[In the treatment of various cases of neuralgia, Baron Larrey was very successful with the moxa, which he repeated the application of according to circumstances. Delpech used the actual cautery, and, after the separation of the eschar, kept up a discharge for a long time.]

How far acupuncture or needle pricking, the zin-king of the Chinese, which we have already described under chronic rheumatism, might be useful, has not yet been determined. It has, at least, a fair claim for experiment, before having recourse to a curative attempt by the knife.

This radical cure consists in a division of the affected branches, provided they can be followed home. Dr. Haighton completely succeeded, some years ago, in a case in which he divided the sub-orbital branch of the fifth pair; and Mr. Cruickshank and Mr. Thomas more recently in a case of considerable complication, and where the affection was evidently not confined to the different branches of any single nerve. This last case is given by Dr. Darwin, whom the patient had intermediately consulted, in the second part of his *Zoonomia*, and is one of the most interesting sections of the work. The patient, a Mr. Bosworth by name, was

GEN. VI.
SPEC. I.
Neuralgia
faciei.

No medicine to be depended upon for a radical cure in all cases.

Case from Perceval.

Occasional palliatives may be found:

time alone works a natural cure, if worked at all.

Moxa and cautery.

Acupuncture.

Chief radical cure to be found in a division of the affected nerves.

Interesting case related by Darwin.

* Edin. Med. and Surg. Journ., July, 1823.

GEN. VI.
SPEC. I.
Neuralgia
faciei.
Disease at first
mistaken :

and medicines
tried in vain.

Progress of the
disease.

Patient put
under the care
of Cruickshank
and Thomas,

and operated
upon with
partial success.

Farther
operations
submitted to.

between thirty and forty years of age. When he first applied to Dr. Darwin, he complained of much pain about the left cheek-bone. Dr. Darwin suspected the antrum maxillare might be diseased; and, as the second of the grinding teeth had been lately extracted, directed a perforation into the antrum, which was done, and the wound kept open for two or three days without advantage. Afterwards, by friction about the head and neck with mercurial unguent, he was for a few days copiously salivated, and had another tooth extracted by his own desire, as also an incision made in such direction as to divide the artery near the centre of the ear next the cheek, which gave also a chance of dividing a branch of the affected nerve; but without success. When the pain was exceedingly violent, opiates were administered in large quantity; bark being used freely in the intervals, but without effect.

The pain spread in various directions from a point in the left cheek a little before the ear, sometimes to the nose, and fore-part of the lower jaw, and sometimes to the orbit of the eye on the same side; the under part of the tongue being at times also affected. It returned on some days many times in an hour, and continued several minutes; during which period (it is well worth observing, as showing the connexion between an irregular sensitive and an irregular motive power in the same muscles), the patient, says Dr. Darwin, seemed to stretch and exert his arms, and appeared to have a tendency to epileptic actions, so that his life was rendered miserable. The complaint gradually grew worse, and Mr. Bosworth removed to London for the purpose of again putting himself under Mr. Cruickshank's care, and of submitting to any operation he should recommend. The pain was now intolerably acute, and almost unremitting; and opiates afforded him little or no relief, though taken to the quantity of six tea-spoonfuls of laudanum at a time. The operation of dividing the diseased nerve was therefore determined upon.

"As the pain," says Mr. Thomas, in his letter to Dr. Darwin, after its completion, "was felt more acute in the left ala of the nose, and the upper lip of the same side, we were induced to divide the second branch of the fifth pair of nerves as it passes out at the infra-orbital foramen. He was instantly relieved in the nose and lip; but towards night the pain from the eye to the crown of the head became more acute than ever. Two days after, we were obliged to cut through the first branch passing out at the supra-orbital foramen: this afforded him like relief with the first. On the same day the pain attacked, with great violence, the lower lip on the left side, and the chin: this circumstance induced the necessity of dividing the third branch, passing out at the foramen mentale. During the whole period, from the first division of the nerves, he had frequent attacks of pain on the side of the tongue; these, however, disappeared on division of the last nerve.

"The patient was evidently bettered by each operation: still the pain was very severe, passing from the ear under the zygoma towards the nose and mouth, and upwards round the orbit. This route proved pretty clearly that the portio dura of the auditory nerve was also affected, at least the uppermost branch of the pes anserina. Before I proceeded," continues Mr. Thomas, "to divide this — Mr. Cruickshank had operated hitherto — I was willing

to try the effect of arsenic internally; and he took it in sufficient quantity to excite nausea and vertigo, but without perceiving any good effect. I could now trust only to the knife to alleviate his misery, as the pain round the orbit was become most violent; and therefore intercepted the nerve by an incision across the side of the nose, and also made some smaller incisions about the alar nasi. To divide the great branch lying below the zygomatic process, I found it necessary to pass the scalpel through the masseter muscle till it came in contact with the jaw-bone, and then to cut upwards: this relieved him as usual. Then the lower branch was affected, and also divided; then the middle branch, running under the parotid gland. In cutting this, the gland was consequently divided into two equal parts, and healed tolerably well after a copious discharge of saliva for several days.

"I hoped and expected that this last operation would have terminated his sufferings and my difficulties; but the pain still affected the lower lip and side of the nose, and upon coughing, or swallowing, his misery was dreadful. This pain could only arise from branches from the second of the fifth pair passing into the cheek, and lying between the pterygoideus internus muscle and the upper part of the lower jaw. The situation of this nerve rendered the operation hazardous, but, after some attempts, it was accomplished." This finished the series of operations, and restored the afflicted patient to perfect health.

I have dwelt the longer on this interesting case, because it seems to show, first, that there is occasionally no certain cure, but in the use of the knife*; secondly, that a delay in performing the operation only affords time for the disease to spread from one branch of the affected nerve to another, and even to different branches of nerves in a state of contiguity; and thirdly, that the disease betrays the spasmodic character of the diathesis when minutely watched, even in cases in which this character is most obscure. Dr. Darwin objects, properly enough, to arranging this disease as a trismus, "since no fixed spasm," says he, "like the locked jaw, exists in this malady." He adds, indeed, that in the few cases he has witnessed, there has not been any convulsion of the muscles of the face; but, in Mr. Bosworth's case, he has expressly noticed the morbid stretching of the arms, and the tendency to epileptic actions. Its proper place, however, seems to be where it is now arranged.

* As this expression may induce young practitioners to promise too much from the operation, the editor deems it right to mention, that the knife has frequently failed.

GEN. VI.
SPEC. I.
Neuralgia
faciei.

Additional
division of
nerves,

and ultimate
cure.

General
remarks.

SPECIES II. NEURALGIA PEDIS.

NERVE-ACHE OF THE FOOT.

RACKING AND LANCINATING PAINS RANGING ABOUT THE HEEL ;
AND TREMULOUSLY SHOOTING IN IRREGULAR DIRECTIONS TO-
WARDS THE ANKLE AND BONES OF THE TARSUS.

GEN. VI.

SPEC. II.

Synonym
exemplified.

THIS is the *neuralgia plantaris* of Professor Chaussier ; who mentions a very decided case of it, to which Dr. Marino, a physician of Piedmont, had been long subject. It commenced, he tells us, in early life ; was relieved by the mineral waters of Vivadio ; and still more by the pressure of a tight bandage. With advancing years it became less severe, the cause of which we have already explained in the preceding species, but never ceased altogether. It alternated with other nervous affections, and was at length complicated with convulsive asthma.

Case from
which the
present species
was first
described by
the author.

In calling the attention of the medical profession to this species, by introducing it into the volume of Nosology, so long ago as the beginning of 1817, I had my eye directed to a very marked case, which had then lately occurred to me in a clergyman of this metropolis, about forty-five years of age, but otherwise in firm health and cheerful spirits. He had for many years been a victim to it. The paroxysms were short, and of uncertain recurrence, but so acute as nearly to make him faint, and at length compelled him to relinquish the duties of the pulpit, for which, from his zeal and eloquence, he was admirably qualified, but where he had frequently been obliged to break off with great abruptness from the unexpected incursion of a fresh paroxysm. The pain usually extended up the calf of the leg towards the knee, and ramified towards the toes in an opposite direction, and was usually compared by himself to that of scalding verjuice poured over a naked wound. The tibial branches of the popliteal nerve, and particularly the plantar twigs, seem in this species to have been the part chiefly affected, though it is probable that some of the offsets from the peroneal branch associated in some instances in the morbid action.

Curative efforts
in vain.

Every therapeutic process that the art of medicine in the hands of the most experienced physicians of this metropolis could devise, was in this case tried, in a long and tedious succession, in vain. Sometimes external and sometimes internal preparations, or a tight ligature, appeared to afford a temporary alleviation, and to protract the intervals : but never any thing more. It was in consequence proposed by a surgeon of great eminence to amputate the leg, which was at one time on the point of being submitted to, though protested against by the present author, on two accounts. First, the uncertainty whether the morbid condition of the nerve might not be seated chiefly in its origin instead of in its extremity, in which case, amputation could be of no avail ; and secondly, the chance, that in process of time the keen sensibility of the af-

Amputation
recommended.

Objections
urged.

affected branches would be worn out and obtunded by the violence of the action. Such was the undecided and miserable condition of this patient at the time of noticing his case on the publication of the author's volume of Nosology. Since this period, the prediction that the disease would gradually wear itself out has been completed: the paroxysms are now slight and tolerable, and the intervals much longer; and the patient has for nearly a twelvemonth been able to resume the duties of his profession without any interruption.

GEN. VI.
SPEC. II.
Neuralgia
pedis.

Cure effected
by time.

SPECIES III.

NEURALGIA MAMMÆ.

NERVE-ACHE OF THE BREAST.

SHARP, LANCINATING PAINS DIVARICATING FROM A FIXED POINT IN THE BREAST; AND SHOOTING EQUALLY DOWN THE COURSE OF THE RIBS AND OF THE ARM TO THE ELBOW; THE BREAST RETAINING ITS NATURAL SIZE, COMPLEXION AND SOFTNESS.

ABOUT the year 1820, I was requested by Mr. Blair to examine a young woman, then eighteen years of age, who, for more than two years, had been subject to a painful disorder of the breast, that seemed equally to defy all parallel and all mode of treatment. On examining into the nature of the symptoms, I found them as described in the preceding definition. The organ was full-formed, soft, and globular, without the slightest degree of inflammation or hardness. When the paroxysm of pain was not present, it would bear pressure without inconvenience; but, during the pain, the whole breast was acutely sensible. The paroxysms returned at first five or six times in the course of the day, and were short and transient: but as the disease became more fixed, it became also more severe and extensive; for the agonising fits at length recurred as often as once an hour, and sometimes more frequently; and, from being comparatively concentrated, the lancinating shoots darted both downward in the course of the circumjacent ribs, and upwards to the axilla, whence they afterwards descended to the elbow, below which I do not know that they proceeded at any time. These fits were at length so frequent and vehement as to embitter her whole life, and incapacitate her from pursuing any employment; for it frequently happened, that, if she attempted needlework, her fingers abruptly dropped the needle a few minutes after taking hold of it, from a mixture of pungent pain and tremulous twitching. The twitching or snatches in the shoulder, for it at length reached to this height, were at one time so considerable as to give the patient an idea, to use her own words, that something was alive there; while, though the lancinating pain did not descend below the elbow, a considerable degree of trepidation reached occasionally to her fingers' ends. Her general health was in the mean time unaffected, and she was regular in menstruation.*

GEN. VI.
SPEC. III.

Illustration of
case on which
the present
species is
founded.

Description
and progress
of the disease.

General health
unaffected.

* Many good practical observations on this subject will be found in Sir Astley Cooper's *Illustrations of the Diseases of the Breast*, chap. ix. part 1. 4to. Lond.

GEN. VI.
SPEC. III.
Neuralgia
mammæ.
Prognostics.

I had no hesitation in regarding this as a nondescript species of neuralgia; and as little in communicating my fears, that no plan of medicine we could lay down would be more than palliative, even if it should prove thus far beneficial, and that we must trust to time alone for a cure, and that obtuseness of sensibility, which I have already noticed as a common consequence of high nervous irritation, continued till the organ becomes exhausted and torpified.

Course of
medical
treatment ;

Every remedial process was, nevertheless, tried in series for the purpose of obtaining relief, if not full success. Bleeding, local and general, frequently and profusely repeated; purgatives of all kinds; tonics and antispasmodics of every sort; the hot and cold bath; electricity and galvanism in every form; rubefacients, blisters, setons, issues, and whatever else could be suggested, were enlisted into service in succession. But every thing was equally without avail; nor do I know that even a temporary relief was obtained by any of these. Narcotics of all kinds proved impotent: drowsiness, indeed, and a comatose stupor, were hereby in various instances obtained, but the interval of wakefulness was as much as ever tormented with the same racking paroxysms. From the powerful influence of *nux vomica* in many cases of nervous affection, to some of which we shall have an occasion to advert hereafter, I had some hope of producing a slight impression on the nerves affected; but the hope proved illusory: the patient took it in infusion as far as to about eight grains at a dose three or four times a day, till her head was intolerably confused, and every other part became numb, but the paroxysms were intractable.

in every respect
unavailing.

Failure of *nux*
vomica.

Disease
diminished
spontaneously.

The poor sufferer, whose relations were incapable of affording the resources of private practice, tried one dispensary after another, and at length one of the largest hospitals of this metropolis, without the smallest benefit, and from each was discharged as incurable. About six months since, however, being nearly four years from the commencement of the disease at home, and having utterly relinquished all medical means, with the exception of a seton under the breast, which was not dried up, she began to think herself rather better, and has continued to improve ever since, till a week ago, when her mother came to inform me she was worse again. This intelligence greatly surprised me, till I learned that the seton was now quite healed. It has since been opened, and there is a hope of her again improving.

Subsequent
information
concerning
this case.

Thus far was written in the first edition of this work. The patient, under the kindness of Sir William Blizard, obtained an entrance into the Margate Sea-bathing Infirmary, and, after five

1829. "The breast," says he, "is liable to become irritable without any distinct or perceptible swelling, as well as to form an irritable tumour composed of a structure unlike that of the gland itself, and which, therefore, appears to be a specific growth. Both states of disease, in the greatest number of examples, occur in young persons from the age of 16 to 30 years. I have never witnessed it prior to the commencement of puberty." (p. 76.) The suffering increases very much just as menstruation is about to take place; it is somewhat relieved on the evacuation occurring; and decreases on its cessation. An operation, when there is no distinct tumour, must be entirely out of contemplation. — Ed.

or six weeks' use of the marine-bath, returned home — not indeed entirely free from pain, but in comfortable ease, and able to resume the use of her needle. About six months afterwards, however, the complaint returned with as much violence as ever, and again the most powerful tonics and antispasmodics were tried in vain. The subcarbonate of iron, in the fullest doses employed by Mr. Hutchison, was had recourse to, and steadily persevered in, but to as little purpose as every other medicine. She has now again returned to the Margate Infirmary, where I hear she has again found benefit. In various cases, however, even in this species, I have reason to believe, that the iron has proved as successful as in *neuralgia faciei*. And Dr. Alderson has given another example, in a very striking instance of mammary neuralgia, but in an older and less irritable period of life.*

GEN. VI.
SPEC. III.
Neuralgia
mammarum.

* Cases of Neuralgia Spasmodica, &c. By B. Hutchison, &c. 8vo. London, 1822. Sir Astley Cooper considers equal parts of soap cerate and extract of belladonna, or a poultice with solution of belladonna and bread, the best applications. Covering the breast with oil-silk, or hareskin, he has also found tranquillise the part, by exciting perspiration from it. "As constitutional remedies, the submuriate of mercury, with opium and conium, should be given for a time, with an occasional aperient; and then, the medicine, which I have prescribed with most advantage in lessening the irritability of the part, is as follows: — R. Extracti conii, extracti papaveris ā ā gr. ij; extracti stramonii e seminibus gr. ss. M.; ft. pil."

The above pill may be given twice or three times during the day; but if the gr. ss of the extract of stramonium be found too powerful, half that quantity may be tried. When the menses are obstructed, Sir Astley Cooper prescribes the carbonas ferri, the ferrum ammoniatum, or the mist. ferri comp. combined with aloes. He also recommends a hip-bath of sea water. See Illustrations of the Diseases of the Breast, pp. 79, 80. — ED.

CLASS IV. NEUROTICA.

ORDER III. CINETICA.

DISEASES AFFECTING THE MUSCLES.

IRREGULAR ACTION OF THE MUSCLES OR MUSCULAR FIBRES ;
COMMONLY DENOMINATED SPASMS.

CLASS IV.
ORDER III.
General
character of
muscular fibres
in a massy
form.

HAVING, in the Physiological Proem to the present class, glanced, as far as our space would allow, at the disputed question concerning the nature of muscular irritability, or *contractility*, to adopt the language of Dr. Bostock, and its affinity with sensorial or nervous influence, it is only necessary at present to take a very brief view of the general character and mode of action of muscles, as they appear to the naked eye in a massive form, or, in other words, as composed of an almost infinite variety of minute fibres.

Effects of
muscular
action upon
muscles
themselves.

A muscle, thrown into action, increases in absolute weight, in density, and in power of resistance. It is also said to increase in absolute bulk, but the experiments upon this subject are contradictory; the middle or belly of the muscle, indeed, is at this time evidently enlarged, but then its length appears to be proportionally diminished. [The ventricular portion of the heart, removed from a large dog immediately after the animal had been hanged, was immersed in warm water, contained in a glass vessel which was closed below with a ground glass stopper, and terminated above in an open vertical tube one third of an inch in diameter. The ventricles continued alternately to contract and dilate for a considerable length of time, during which the water stood at the same level in the tube, totally unaffected by the varying condition of the muscular fibres.*] Muscles constitute the cords, as bones do the levers, of the living frame; and in most cases the muscles grow tendinous, as the bones do cartilaginous, towards their extremities, by which means the fleshy and the osseous parts of the organs of motion become assimilated, and fitted for that insertion of the one structure into the other, upon which their mutual action depends; the extent and nature of the motion being determined by the nature of the articulation, which is varied with the nicest skill to answer the purpose intended. Whether, however, the substance of tendons consists of the same fibres as the belly of a muscle, but only in state of closer approximation, and possessed

Constitute the
cords of the
living frame.
Approximate
the nature of
bones, as the
latter do that of
muscles at their
extremities.
Structure of
tendons.

* See Mayo's Anat. and Physiological Commentaries, vol. i. p. 12.

of finer vessels, which do not admit the introduction of red blood, or whether they form a distinct system of fibres, merely attached to those of the muscles, is at present undecided. It is certain that tendons possess nothing of the peculiar structure of muscles, and seem to be more nearly allied to the simple solid.*

It appears singular, at first sight, that the tendinous fibres, which thus seem to be compacted into a firmer and more substantial cord than those of the muscles, should be sometimes broken by muscular exertion, while the muscular fibres remain uninjured; yet this unquestionably depends upon their greater rigidity, and, consequently, inability of yielding to the force by which they are opposed. And hence the bones themselves are sometimes broken in the same manner, as by a violent jerk, or a sudden and spasmodic contraction, of which we shall presently meet with examples, especially in the patella, the ribs, and the arms. The muscles themselves, however, are occasionally ruptured by a like irregular violence and excess of power, as the recti abdominis in tetanus, and the gastrocnemii in cramps.

Muscular action, then, consists in a mutual attraction and concentration of the constituent fibres and muscles, in a manner peculiar to living matter; for we cannot imitate it by any combination or action of mechanical fibres. It is not, however, a contraction in every dimension, since in this case the muscular volume would be diminished; but in length only, attended with a proportional increase of bulk, so as to preserve the absolute volume unchanged, or nearly so.

It is easy to conceive, from these few remarks, that the force exerted by muscular contraction may be enormous; but by the mechanical physicians it was calculated in the most extravagant manner from premises in many instances wholly chimerical. Thus Borelli estimated the force with which the heart contracts, in order to carry forward the circulation of the blood, to be equal to not less than 180,000 lbs. at each contraction; while Piteairn, applying the same speculation to the function of digestion, conceived that this process is accomplished by a muscular exertion, divided equally between the stomach and the auxiliary muscles that surround it, amounting in the stomach alone to the force of 117,088 lbs., for which "had he assigned five ounces," says Professor Monro, "he would have been nearer the truth."† Yet we do not want these visionary calculations to prove the wonderful power possessed by muscular fibres; the facts we have already adverted to, and others we shall have to notice in the course of the present order, are sufficient to establish their astonishing energy, without having recourse to unfounded hypotheses or exaggerated statements.

In general, says Dr. Parr, in a very excellent article upon this subject‡, it appears, that the force, with which a muscle contracts, is in proportion to the number of its fleshy fibres, and the extent of the surface to which these fibres are attached; but its degree of contraction, or the extent of its motion, is in proportion to their length. The limits of contraction differ in the long and in the circular muscles; for the former do not contract more than one

CLASS IV.
ORDER III.
Cinetica.

Though more compact than muscles, often broken by their exertion.

Explained.

Bones sometimes broken in the same manner.

Muscular action produced by a principle peculiar to life:

its force enormous: but overrated by the mechanical physicians. Singular examples of miscalculation.

Law of muscular contraction, as exhibited in the long and circular muscles.

* See Dr. Bostock's Elementary System of Physiology, p. 67. 8vo. 1824.

† Monro, Comp. Anat. Pref., p. viii. ‡ Med. Dict. in verb. Musculus.

Action of
muscles only
diminished
even in sleep.

Why in this
state the flexors
overbalance the
extensors.
Illustrated.

This doctrine
of use in symp-
tomatology.

Contractility
widely distinct
from elasticity.
Compared.

third of their length, but the circular fibres of the stomach, which in their utmost dilatation may be expanded to a foot in circumference, may, after much fasting, be reduced to the circle of an inch. It must, however, be added, that in circular muscles no fibres pass completely round; bundles of fibres are collected and end at different points, while some begin where others end. Each may, therefore, admit of only a limited contraction, while the dilatation just mentioned may be the sum of the whole.

The action of muscles never intermits, and is only diminished in the sleeping state; though, where the sleep is profound and lethargic, the diminution amounts to almost a cessation, except in the involuntary organs. When muscles are not exercised (to use the words of Haller), "the vis insita is very slightly exerted;" but we can still trace its influence by the position which the limbs assume, and discover the relative strength of the antagonising muscles. Thus we find the flexors stronger than the extensors; for, during sleep, the head falls forward, and the body, legs, arms, and fingers, are slightly bent. The cause of this additional strength is easily explained: for the flexors have stronger and more numerous fibres, their insertion is farther from the centre of their motions, and under a larger angle, which must increase when flexion has begun. This superiority of the flexors bends the fetus in the womb into a round ball. The same superiority of power continues, though in a less degree, after birth, and hence frequent pandiculations are required to give activity and energy to the extensors, which they again lose in advanced age. On awakening from a sound sleep, the same yawnings and stretchings occur from the same cause; and Bethel fancifully refers the crowing of the cock, and the fluttering of his wings, to a similar purpose. It is always useful in diseases to examine the position of the limbs during sleep, particularly the sleep of children. If they deviate from the ordinary degree of flexure to a more straight position, there is generally some irregularity in the state of tone, and of course in the vital influx.

The irritability or contractility of a muscle is a very different power from that of elasticity. The latter always depends upon simple reaction, and is never a source of actual energy: it merely restores, in a contrary direction, the force which had been impressed, and the effect which it produces can never be greater than the amount of the cause. But, in muscular contraction, the mechanical effect produced is infinitely greater than the mechanical cause producing it, as, when the organ of the heart, recently detached from the body just dead, is slightly scratched in its inside by a needle, it will contract so strongly as to force the point of the needle into its substance.* But the chief proof of the difference between the two is, that the irritable power of a muscle is often excited without any mechanical cause at all, and from the mere influence of the will, which has no effect upon the simple elasticity of organs. Hence, while contractility belongs to the muscular structure alone, elasticity appertains to many other substances as well, whether animal, vegetable, or even metallic. Muscles also have their elasticity, but the principle is altogether of a

* Fordyce, Phil. Trans. 1788, p. 80.

different kind, though often confounded with the preceding by modern pathologists; and particularly in their use of the term *tonicity* *, which is often employed with little precision, and frequently means nothing more than this common principle of elasticity, to which indeed it seems directly to be applied by Dr. Cullen.

The muscles of the body may be divided into two grand classes, voluntary or animal, and involuntary or automatic. In the former we meet with some that are peculiarly remarkable for strength and continuity of contraction, as the greater part of the round muscles; and others as remarkable for mobility and vacillation, among which we may place most of the long muscles. These properties are strikingly exemplified in a state of disease, and call for particular attention; the muscles characterised by mobility presenting examples of atonic or agitative spasm, while those, that are conspicuous for continuity of action, are chiefly subject to rigid or entastic spasm.

Continuity of exertion, however, is generally less evident in the voluntary than in the involuntary muscles, of which last some organs, as the heart, continue their efforts through life without intermission; though all of them relax, or remit, occasionally or periodically. For this greater permanency and regularity of action they are indebted to the peculiar provision which has been made for their supply of nervous power; for while the voluntary muscles are furnished in a direct line from the sensorium, whence indeed the close connection they hold with it, the control the will exercises over them, and their catenation with the prevailing emotion of the moment, the involuntary muscles are dependent chiefly on the intermediate or ganglionic system described in the proem to the present class, and are more remotely connected with the sensorium: they are in consequence far less influenced by the variable impulses of the mental faculties, and are placed beyond the jurisdiction of the will. And hence the tenour of their action is more equable, more permanent, more uninterrupted, and less subject to fatigue or weariness.

But as these organs are by no means free from the power of injury, or diseased action, they are also subject at times, in common with the voluntary organs, to those abnormal motions which are ordinarily denominated spasms: and it is not a little curious to observe the uniform tendency, which different spasmodic affections manifest towards some organs or functions, rather than towards others. Thus the vital function, in which the heart and lungs are such prominent agents, is chiefly disturbed by palpitation and syncope; the natural, or that in which the abdominal organs so generally co-operate, by hysterics; and the animal, extending through the range of the voluntary organs, by tetanus and epilepsy. In the prosecution of the present order, indeed, we shall see that this does not hold universally; that epilepsy, for instance, is often a disease rather of the stomach or intestines, than of any other organ, and that the heart is sometimes affected with rigid instead of with clonic spasm: but the rule holds generally, and is not essentially shaken by these casual exceptions.

CLASS IV.
ORDER III.
Cinetica.

Tonicity often used synonymously with elasticity.

Voluntary or animal muscles as contradistinguished from involuntary or automatic.

Distinctive characters.

Continuity of action in the involuntary muscles, and whence derived, compared with the supply of the voluntary muscles.

Though more uniform in their action, still subject to abnormalities, especially spasms.

Different organs and functions the subjects of different kinds of spasmodic motions.

A few exceptions to the general rule.

* Bostock, Elem. Syst. of Physiology, p. 168. 8vo. 1824.

CLASS IV.
ORDER III.
Cinetica.

Cullen's doctrine that all spasms depend upon a morbid state of the brain.

Origin of this doctrine accounted for: its erroneousness pointed out.

Argument further illustrated.

Sensific and motific fibres.

Dr. Cullen has contended that, in all spasmodic affections, the brain is the actual seat of disease, and that they consist in some morbid modifications of its energy. "The scope and purpose of all that he has said," he tells us, "is to establish the general proposition, that spasmodic affections, whether they arise primarily in the brain or in particular parts, do consist chiefly, and always in part, in an affection and particular state of the energy of the brain: and that the operation of antispasmodic medicines must consist in their correcting this morbid or preternatural state in the energy of the brain, by their correcting either the state of preternatural excitement or collapse, or by obviating the too sudden alteration of these states."

This proposition seems rather to follow from Dr. Cullen's singular doctrine concerning the mutable condition of the energy of the brain, and the immutable nature of the nervous power, which is propagated from it by vibrations, than from the clear face of facts before us. Spasms, in many instances, are altogether local; they are confined to particular muscles, or particular sets of associate muscles, and have no effect on the brain whatever, so as to disturb its energy; of which we have examples in hiccough, priapism*, chorea, and often in palpitation. They depend upon some irritation existing not at the origin but at the extremity of the nerves: and where such is their source, even though the chain of morbid action should at length reach the brain and affect its energy, as in convulsions from teething, epilepsy from worms, or some palpitations from ossific or polypous concretions, all the antispasmodics in the world will afford no relief, so long as the local cause of irritation continues to operate; while the moment this is removed, where it is capable of removal, as by the use of a gum-lancet or active anthelmintics, all the powers of the brain become instantly tranquillised; its faculties are rendered clear, its energy is re-invigorated, and its motive power or sensorial energy is distributed in an uninterrupted tenour. The greater number of spasmodic affections, therefore, do not so much depend upon the state of the brain, as of the living fibres that issue from it, and maintain a correspondence with it; for the stream may be vitiated while the fountain is untouched. We have seen, indeed, in the proem to the present class, from the concurrent results of various physiological experimenters, that although, while the organ of a brain exists, it exerts a certain influence over the principle of muscular motion, this principle is far less dependent upon the encephalon, than that of general feeling or of the local senses; that it is found abundantly in animals totally destitute of a brain; and that, hence, those possessing a brain may be excited not only into abnormal and spasmodic, but even into a continuation or reproduction of regular and natural, motions of various muscular organs after the brain has been separated from the spinal chain, by stimuli applied to this chain, or even by the artificial breath of a pair of bellows.

We have seen, also, that the nervous filaments of the muscles are of two kinds, sensific and motific; the former proceeding from the cerebellum, or the posterior trunk of the spinal chord, to which

* This cannot be explained by the action of any muscle, and consequently is not a spasmodic affection. — ED.

it gives rise, and the latter from the cerebrum, or anterior trunk of the same double chord; and as these two sets of filaments do not necessarily concur in the same affection, it is obvious that the muscles of a limb, or of the whole body, may be thrown into the most violent agitation, or the firmest rigidity, without much, or perhaps any degree of painful emotion or increased sensibility. And we can hence readily account for the little complaint, that is made by patients upon this subject, on their being freed from a severe paroxysm of tetanus, convulsion-fit, or hysterics.

The following are the genera of diseases which will be found to appertain to the present order :

- | | |
|-----------------|---------------------|
| I. ENTASIA. | CONSTRUCTIVE SPASM. |
| II. CLONUS. | CLONIC SPASM. |
| III. SYNCLONUS. | SYNCLONIC SPASM. |

CLASS IV.
ORDER III.
Cinetica.
Spinal chord double.
Why often little pain felt during severe fits of tetanus or convulsions.

GENUS I.

ENTASIA.

CONSTRUCTIVE SPASM.

IRREGULAR MUSCULAR ACTION PRODUCING CONTRACTION, RIGIDITY, OR BOTH.

ENTASIA is derived from the Greek *έντασις*, "intentio," "vehementia," "rigor," from *έντείνω*, "intendo." By many nosologists the genus is called tonos, or tonus, which is here dropped in favour of the present term, because tonus or tone is employed by physiologists and pathologists, in direct opposition to irregular vehemence or rigidity, to import a healthy and perfect vigour or energy of the muscles; and by therapeutists to signify medicines capable of producing such or similar effects.

GEN. I.
Origin of generic name and its necessity explained.

The genus ENTASIA includes the following species :

- | | |
|------------------------|-----------------------------------|
| 1. ENTASIA PRIAPISMUS. | PRIAPISM. |
| 2. ——— LOXIA. | WRY-NECK. |
| 3. ——— RHACHYBIA. | MUSCULAR DISTORTION OF THE SPINE. |
| 4. ——— ARTICULARIS. | MUSCULAR STIFF-JOINT. |
| 5. ——— SYSTREMA. | CRAMP. |
| 6. ——— TRISMUS. | LOCKED-JAW. |
| 7. ——— TETANUS. | TETANUS. |
| 8. ——— LYSSA. | RABIES. CANINE MADNESS. |
| 9. ——— ACROTISMUS. | SUPPRESSED PULSE. |

SPECIES I.

ENTASIA PRIAPISMUS.

PRIAPISM.

PERMANENT RIGIDITY AND ERECTION OF THE PENIS WITHOUT
CONCUPISCENCE.

GEN. I.

SPEC. I.

Origin of the
specific name.

How used by
Galen.

Peculiarly a
disease of
debility.

Sometimes
chronic.

Cure difficult.

THE specific term is derived from the name of Priapus, the son of Venus and Bacchus, who is usually thus represented in paintings and sculptures, but with a concupiscent feeling. Galen applies the term also to females, as importing a rigid elongation of the clitoris without concupiscence.

Spasm is, in all instances, a disease not of vigour, but of debility, with a high degree of irritability: and there is no case in which this is more striking, than in the present species. It has been found occasionally in infancy; but it is far more frequently an attendant upon advanced years. It has sometimes also followed cold, and especially local cold, clap, dysury, and the use of cantharides. It has at times been a result of free living, and particularly hard drinking. The spasms consist in a stiff and permanent contraction of the erectors penis*, unconnected with any stimulus arising from a fulness of the vesiculæ seminales.

Dr. Darwin says he had met with two cases, where the erection, producing a horny hardness, continued two or three weeks, without any venereal desire, but not without pain. The easiest attitude was lying upon the back with the knees bent upwards. The corpus cavernosum urethræ at length became soft, and, in a day or two, the whole rigidity subsided. One of these patients had been a free drinker, had a gutta rosacea on his face, and died suddenly a few months after his recovery from the present complaint. It is singular, that this spasm should sometimes continue after death; at least we have accounts of such cases in Marcellus Donatus and other writers.

As the disease is a case of both local and general debility, its cure is in most instances difficult. Antispasmodics and tonics are the only medicines that promise relief, as camphor, opium, bark,

* That the author has fallen into an error in representing *priapismus* to be a species of constrictive spasm, cannot be doubted; because erection of the penis is not really produced by the action of the erectors muscles, as they are termed, but by the injection and distension of the glans, corpus spongiosum urethræ, and corpora cavernosa with blood. "Each of the crura penis gives attachment at its origin to a tolerably strong muscle, named the erector penis, probably because, when a power capable of producing the effect indicated by that name was sought by anatomists, this muscle seemed to be their only resource. At present the name appears very ill adapted, since the muscles in question obviously draw the penis downwards and backwards, instead of upwards and against the pubes. Those who explain the erection of the penis by the compression of its vein, should find out a power capable of elevating the organ against the bone, and of carrying it forwards." (See Rees's Cyclopædia, art. GENERATION.) In fact, mechanical pressure of the vein will not produce erection. — Ed.

warm aromatics, warm-bathing, cold-bathing: but the whole are often tried without effect.

[In the case which surgeons most frequently meet with, namely, that excited by the irritation of ulcers and excoriations about the glans, or by gonorrhœa attended with chordæ, the most effectual treatment is the antiphlogistic, combined with antispasmodics. This is quite inconsistent with the notion of the complaint being connected with debility, a notion that has no foundation, except the author's hypothesis of the cause of spasm.]

GEN. I.
SPEC. I.
Entasia
priapismus.

SPECIES II.

ENTASIA LOXIA.

WRY-NECK.

PERMANENT CONTRACTION OF THE FLEXOR MUSCLES ON THE RIGHT OR LEFT SIDE OF THE NECK, DRAWING THE HEAD OBLIQUELY IN THE SAME DIRECTION.

THE term LOXIA is derived from the Greek, λοξός, "obliquus, tortus;" whence loxarthrus in surgery, an obliquity of a joint of any kind, without spasm or luxation. By the Greeks, however, the term was specially applied to the joints or muscles of the neck.

GEN. I.
SPEC. II.
Origin of
specific term.
Causes.

This disease, in its genuine form, proceeds from an excess of muscular action, particularly of the mastoid muscle on the contracted side. But we frequently meet with a similar effect from two other causes: one in which there is a disparity in the length of the muscles opposed to each other, and consequently a permanent contraction on the side on which they are shortest; and the other in which, from cold or a strain, there is great debility or atony on the side affected, and, consequently, an incurvation of the neck on the opposite side, not from a morbid excess, but an overbalance of action.

This species, therefore, offers us the three following varieties:

- | | |
|-------------------|------------------------------------|
| α Dispars. | From disparity in the length of |
| Natural wry-neck. | the muscles opposed to each other. |
| β Irritata. | From excess of muscular action |
| Spastic wry-neck. | on the contracted side. |
| γ Atonica. | From direct atony of the muscles |
| Atonic wry-neck. | on the yielding side. |

THE FIRST VARIETY is mostly congenital, though sometimes produced by severe burns or other injuries. And a like effect occasionally issues from a cause that may be noticed in the present place, though not connected with a morbid state of the muscles, — a displacement of the muscles, from an incurvation in the vertebræ of the neck *; by which, though the antagonist muscles

α E. Loxia
dispars.
Mostly con-
genital.
Occasional
causes.

* In almost every instance, the change in the bones is the consequence of the

GEN. I.

SPEC. II.

β E. Loxia
irritata.

γ E. Loxia
atonica.

Mode of treat-
ment.

be of equal length and power, those on the receding side of the neck are kept on a perpetual stretch, while those on the protruding side are in a state of constant relaxation. The other TWO VARIETIES are commonly the result of cold, or inflammation, or a strain; often by carrying too heavy loads on the head. M. Boyer gives instances of the disease produced by moral causes: and Wepfer relates the case of a man who had a wry-neck, occasioned by a convulsive action of the muscles on one side of the neck, which appeared whenever he was tormented by chagrin, but ceased as soon as he was restored to a state of mental tranquillity.*

The cure must depend upon the nature of the cause. In colds and strains, warmth, the friction of flannel, and the stimulus of the ammonia or camphor liniment combined with opium, will be found most serviceable, as tending to diminish pain, and restore action to the weakened organ. In direct spasms the same process will also frequently be found useful; but the application of cold water will often answer better. [About four years ago, the editor was consulted by a gentleman at Clapham, whose right sterno-cleido-mastoideus muscle was not only affected with permanent and rigid spasm, but had attained a vast increase of bulk and force. Under the direction of Dr. Babington, Mr. Brodie, and Sir Charles Bell, the patient had tried various narcotics, ammoniated copper, and different local applications, without benefit. A seton in the nape of the neck, and friction over the muscle with camphorated mercurial ointment, was now suggested, with a course of the compound calomel pill, combined with hyosciamus and conium, and occasional purgatives; but the patient had not courage to begin the plan. In this case, the wry-neck was evidently associated with considerable disorder of the nervous system; and the patient could only lift a glass to his mouth by using both hands for the purpose.] Where the antagonist muscles are of unequal length, the case lies beyond the reach of medical practice, and, if relieved at all, can only be so by a surgical operation. If the cervical vertebræ be incurvated, but the bones sound, the disease may not unfrequently be made to yield to a skilful application of machinery by the hands of an ingenious surgeon. It sometimes happens, however, that the bones in this case are soft and occasionally carious, and the slightest motion of the head is attended with intolerable pain. Setons have here been found serviceable, with an artificial support of the head; but this kind of affection is often connected with a constitutional softness of the bones, of which we shall have to treat in the first order of the sixth class, under the head *PAROSTIA flexilis*.

long-continued action of the preponderating muscle. This doctrine, which is maintained by Jörg, is now generally admitted. — ED.

* *Traité de Maladies Chirurgicales*, &c. tom. vii. 8vo. Paris, 1821.

SPECIES III.

ENTASIA RHACHYBIA.

MUSCULAR DISTORTION OF THE SPINE.

PERMANENT AND LATERAL CURVATURE OF THE SPINE, WITHOUT PARALYSIS OF THE LOWER LIMBS: MUSCLES OF THE BACK EMACIATED; MOSTLY WITHOUT SORENESS UPON PRESSURE.

DISTORTION of the spine is produced in various ways; and it is chiefly owing to a want of due attention to this fact, that so much confusion has of late prevailed respecting the real nature of the particular case to be treated, and the particular treatment that ought to be adopted.

The disease, under this general name, was first introduced before the public with any considerable degree of notoriety by Mr. Pott, as connected with a palsy of the lower extremities, and as dependent upon a scrofulous diathesis; which at length fixed itself upon some part of the vertebral column, softened or rendered carious the bones that became affected, and hereby necessarily produced crookedness, and a morbid pressure upon the right line of the spinal marrow.

This is a case that often happens, and a like effect occasionally occurs in a very early period of life, from a rhachitic instead of a scrofulous diathesis; though, from the greater facility with which the principle of life is able to adapt itself to deviations from the ordinary laws of health at this latter period than afterwards, a paralysis of the lower extremities is less common*, and even the mischiefs

GEN. I.
SPEC. III.

Various kinds of spinal distortion.

Spinal distortion as first described by Pott; scrofulous and producing caries.

Rhachitic source.

* Scrofulous caries of the corpora vertebrarum, whether in adults or children, most frequently after a time causes paralysis of the lower extremities, though exceptions are met with. In rickets, where the spine may be said to be deformed rather from imperfect developement of the bones, than from disease of them, palsy of the legs is not produced, however great the lateral curvature of the back. Cruveilhier, in his *Anatomie Pathologique*, livr. iv., gives us the particulars of a case in which an paraplegia existed, though not less than five of the dorsal vertebræ had been totally annihilated by disease, and the alteration in the shape of the vertebral column was such, that the upper half formed over the lower an extremely acute angle, which, from what is demonstrated in the engraving, would have been still more acute if it had not been prevented by the eleventh and fifth dorsal vertebræ touching each other. The intervertebral foramina were all preserved, though more or less deformed, contracted, or displaced backwards. In those which were most diminished, the corresponding intercostal nerves must have been compressed, and, consequently, the action of the intercostal muscles impaired, and an asthmatic affection been the result. The engraving shows how nature, in this instance, contrived to maintain the integrity of the vertebral canal, and the spinal chord uncompressed, in the midst of such a deviation of the spine from its normal shape. Although five of the vertebræ were demolished, ankylosis took place, and the medulla suffered no pressure adequate to the production of paralysis of the lower parts of the body. A beautiful preparation, illustrative of an equally extensive destruction of the bodies of the vertebræ, and of as sudden a bend of the spine, may be seen in the anatomical museum of the London University. Cruveilhier also gives the particulars of the body of a child ten years old, that was brought to his dissecting room, in which only a few vestiges of the third,

GEN. I.
SPEC. III.
Eutasia
rhachybia.

In these cases
the disease a
primary
affection of
the bones.

Producing
angular dis-
tortion, as
opposed to
lateral.

Muscular,
ligamentous
or cartilaginous
contortion.

These organs
sometimes af-
fected singly,
sometimes
jointly.

But most
frequently the
muscles.

In these cases
the distortion
lateral alone.

Distinction
observed by
the Greek
writers.

incidental to a misformation of the chest less fatal. So that, while the disease of a hump-back can rarely take place in puberty or later life, without a serious injury to almost every function, we often find it occur in infancy without making much encroachment on the general health.

In all cases of this kind, the malady is primarily and idiopathically an affection of the vertebral *bones*; and there is always to the touch a mollescence in their structure, or a manifest soreness and ulceration. And, from the peculiar contour of the vertebral column, the distortion is always from within outwards, forming what has been called an *angular*, in contradistinction to a *lateral* curvature. So that the characters of the osseous gibbosity are sufficiently clear and specific.

But the muscles of the vertebral column, and their appendages, the ligaments and cartilages into which the latter are inserted, are of as much importance to its healthy contour as its bones. And hence any morbid affection of these several structures may as essentially interfere with the natural curve of the spine, and the well-being of the constitution, as a disease of the vertebral bones.

It is possible that these are all affected in particular instances, sometimes separately, sometimes jointly*; but there can be no doubt, that the muscular fibres of the neck, back, and loins, those on which all the complicated movements of the vertebral column depend, and which compose more than three hundred distinct muscles in the whole, are most frequently thus enfeebled, either in part or in their entire range; though an enfeebled state of any of these organs must produce an inability of preserving the spine in its natural sweep and equilibrium. And where distortion proceeds from this cause, the indications are in most cases as clear as where it is the result of a diseased condition of the bony structure; for first the morbid curvature, instead of being *from within outwards*, takes place *laterally*, the crookedness being manifestly on the right or the left side, according as the muscles on the one side or the other overpower the action of their antagonists; there is little or no soreness upon pressure, unless indeed the bones or their cartilages should ultimately become affected from the protracted state of the disease; and the distortion being less abrupt or angular than in the ossific gibbosity, the lower limbs are not affected with paralysis.

The distinction, therefore, between the osseous and the muscular distortion of the spine is clear and definite; and, so far as regards

fourth, fifth, sixth, seventh, eighth, ninth, tenth, and eleventh dorsal vertebræ were left. According to this pathologist, diseases of the vertebral column, like those of every other part of the osseous system, are seated, not in the osseous tissue itself, but in the adipose cellular or medullary tissue, occupying its interstices. When this cellular tissue inflames, sometimes it pours out pus in abundance, constituting an abscess; sometimes in scanty quantity, which admits of being entirely absorbed. The cells of the osseous tissue, being distended by the developement of the cellular tissue, and deprived of the materials of nutrition, may be completely absorbed; and thus Cruveilhier accounts for the total disappearance of the texture of bone, without a vestige of it being left. The reader is probably aware, that Cruveilhier's doctrine is, that all disease is seated in the cellular tissue of organs, the other tissues being only liable to atrophy and hypertrophy. — Ed.

* Copeland's Observations on the Spine, p. 15.

the peculiar character of the curvature, was minutely noticed by the Greek writers, who identified the first by the names of LORDOSIS or CYRTOSIS, according as this curvature was anterior or posterior, and the second or the lateral curvature by the term HYBOSIS, from ὑβος; (*hybos*), incurvus. It is from this term that the author has derived the name which he has ventured to assign to the present species — RHACHYBIA — as an allowable contraction of *rhachyhybia*, literally SPINAL INFLEXION. Swediaur has denominated it, from the same source, *hyboma Scoliosis*.*

The distinction is very accurately pointed out by Mr. Pott, who, — while he affirms that “the ligaments and cartilages of the spine may become the seat of the disorder (scrofula) without any affection of the vertebræ;” in which case “it sometimes happens that the whole spine, from the lowest vertebra of the neck downwards, gives way laterally, forming sometimes one great curve to one side, and sometimes a more irregular figure, producing general crookedness, and deformity of the whole trunk of the body, attended with many marks of ill-health;” — yet admits that paralysis of the lower limbs never accompanies cases of this sort, so far as his experience had extended, nor even that untempered and misshapen structure of the spine, which occurs at birth or during infancy from a rachitic softness of the bony material. “I have never,” says he, “seen paralytic effect on the legs from a malformation of the spine, however crooked such a malformation might have rendered it, whether such crookedness had been from the time of birth, or had come on at any time afterwards during infancy. — None of those strange twists and deviations which the majority of European women get in their shapes from the very absurd custom of dressing them in stays during their infancy, and which put them into all directions but the right, ever caused any thing of this kind, however great the deformity might be. The curvature of the spine, which is accompanied by *this affection of the limbs* (i. e. that which takes place from a diseased condition of the bones themselves subsequently to childhood, and from a supposed scrofulous diathesis), whatever may be its degree or extent, is at first almost always the same; that is, it is always from within outwards, and seldom or never to either side.”

Now it has unfortunately happened, that as Mr. Pott's remarks were written chiefly to explain this last form of spinal distortion, and addressed to the single cause of scrofula, the hints he has given, respecting distortions from every other cause have been too often forgotten; and the moment a young female is found to have a tendency to a vertebral distortion of any kind, it has too generally been taken for granted that the bones were in a diseased state, or on the point of becoming so; that the patient was labouring under the influence of a strumous diathesis, which was manifesting itself in this quarter; and all the severe measures of caustics or setons, with an undeviating permanent confinement to a hard mattress, or inclined plane, for many weeks or months, which a strumous affection of this kind calls for and fully justifies, has been improvidently had recourse to, with a great addition to the sufferings of the patient, and, in many instances, no small addition to the actual disease which has been so unhappily misunderstood.

GEN. I.
SPEC. III.
Entasia
rhachybia.
Lordosis, what.
Cyrtosis, what.
Hyposis, what.

Well discriminated by Pott.

Pott's views too often mistaken, and why.

* Tom. ii. p. 740.

GEN. I.
SPEC. III.
Entasia
rhachybia.
Views of
Baynton :
of Wilson :
of Lloyd :

and Jarrold.

General
admission.

Two chief and
distinct forms
of spinal
distortion.

The muscular
most common ;
and hence by
some said to be
the only form
of contortion.

Opinion
of Grant :
of Dods :
of Harrison :
seated solely in
the connecting
ligaments.

This last hy-
pothesis, like
the rest, too
limited.

Mr. Baynton seems justly chargeable with having adopted this general view of the subject, and extending it indiscriminately to every case. Mr. Wilson, who, though he conceived the disease to originate in a rachitic rather than a strumous diathesis, and had recourse, as we shall observe presently, to a different mode of treatment, seems to have stretched his parallel hypothesis over the same extent of ground. And Mr. Lloyd, who has lately favoured the profession with a valuable work on the same subject, in like manner contemplates every case of spinal distortion as issuing from a common, and that a strumous cause ; to which cause also it has since as uniformly been assigned by Dr. Jarrold.* Mr. Lloyd, correctly indeed, distinguishes between the angular and the lateral curvature ; and with equal correctness observes that “ in the former there is always some destruction of some portion of the vertebral column, and often, for a considerable time, progressive destruction of bone, cartilage, and ligament ; and the vertebræ undergo precisely the same changes as the extremities of other bones in scrofulous diseases of the joints :” while he adds that “ in the latter there is no destruction of parts, but merely an alteration of structure ;” that “ a wasting of the muscles always attends it in a greater or less degree ;” and that “ it has been supposed by some authors that the cause of the curvature is entirely in the action of the muscles. But although,” he continues, “ this may be and most probably is the *immediate* cause, I am much more inclined to believe, that the *primary* cause is in the vertebræ ; that scrofulous action is set up in them, which increases their vascularity, and softens their texture.”

Here, then, is a distinct recognition of the two forms of morbid distortion of the spine, to which I am anxious to direct the attention of the reader : and each of them is allotted its peculiar seat and diacritical signs ; the bones with manifest injury of the bones, and the muscles with manifest injury of the muscles. The rest is matter of mere hypothesis, and needs not urge us into a discussion.

So obvious and so much more common indeed is muscular than osseous distortion of the spine, that other pathologists, from this fact chiefly, have contended, that this is the only form of the disease in its commencement. Such was the opinion of the late Mr. Grant, of Bath, and such is the opinion of Dr. Dods, of the same city, in an interesting tract he has lately published on this subject † ; while Dr. Harrison refers its origin to “ the connecting ligaments of the vertebræ.” “ These,” he observes, “ get relaxed, and suffer a single vertebra to become slightly displaced ;” in consequence of which, he adds, “ the column loses its natural firmness, other bones begin to press unduly upon the surrounding ligaments ; they in turn get relaxed and elongated, by which the dislocation is increased, and the distortion permanently established. The direction becomes *lateral*, *anterior*, or *posterior*, according to circumstances ; but the malady has, in every instance, the same origin, and requires the same mode of cure.” ‡

There is much ingenuity in this explanation, and I have no doubt, that it is a correct expression of various cases of vertebral

* Inquiry into the Causes of the Curvature of the Spine, with Suggestions, &c. 8vo. 1824.

† Pathological Observations on the Rotated or Contorted Spine. 8vo. Lond. 1824.

‡ Lond. Med. and Phys. Journ., No. cclxiv.

distortion. It chiefly fails, like the osseous hypothesis, in too wide a spirit of simplification, and in allowing no other origin in any instance, than that which forms the key-stone of its own pre-tensions. Admitting the disease to commence in the connecting ligaments, the associating muscles must soon be involved in the mischief; while, if it commence in the latter, the ligaments which unite them to the bones cannot long continue unaffected. So that the question is merely one of primogeniture, and imposes little or no difference in the mode of treatment. Nay, even the bones themselves, by being irregularly pressed upon, may at length suffer in such parts from increased absorption, become thinner and more spongy, or even ulcerate and grow carious; so as, in process of time, to give a direct proof of osseous or angular contortion, though induced instead of taking the lead.

One of the chief difficulties, in cases where we have no reason to apprehend a morbid state of the bones, consists in accounting for the change that seems to take place in the relative position of several of the vertebræ or their processes; and especially in the greater elevation or prominence of their transverse processes on one side, while those on the other are scarcely perceptible. And it is in truth chiefly to solve this question, that most of the hypotheses of the present day are started in opposition to each other. The idea of an actual dislocation of the vertebral bones, which enters into that of Dr. Harrison, would sufficiently account for the fact, if such a dislocation could be unequivocally shown. But while the change of position does not seem in any instance to amount to a complete extrusion of a vertebra from its seat of articulation, the ease and quietude with which, under judicious management, it often seems to recover its proper position, and to evince its proper shapes, are inconsistent with the phenomena that accompany a reduction of luxated bones in every other part of the body.

The explanation therefore has not been felt satisfactory to a numerous body of pathologists; and Dr. Dods has hence offered us another solution, which is also highly ingenious, and may perhaps in the end be found correct in those cases in which the miscurvature is very considerable, and especially where it becomes double or assumes a sigmoid figure. He supposes, in the first place, that the whole disease in its origin is seated in the extensor muscles of the back, or that part of them to which it is confined: more especially in the quadratus lumborum, sacro-lumbalis, and longissimus dorsi. He supposes, next, that the right hand being habitually more exerted than the left, the effect of such surplus of force, in consequence of our throwing the body towards the left to preserve its centre of gravity, and hence strongly contracting the muscles of this side of the spine, must fall in a greater degree upon those muscles, and more dispose them "to suffer disorganization and become contracted;" and he hence accounts for the greater frequency of contortion on the right side than on its opposite. He then proceeds to account for the single or double curvature which the contortion effects, by remarking, that the morbidly contracted muscles of the left side, in overcoming the action of the muscles of the right, do not drag the vertebræ forward towards themselves in a direct line, but rotate the vertebræ to which they

GEN. I.
SPEC. III.
Entasia
rhachybia.

Illustrated.

Whence the
change that
occurs in the
relative position
of various ver-
tebræ or their
processes.

Subject
differently
explained:

by Harrison:

by Dods.

Double curv-
ature accounted
for.

Rotation of the
vertebræ.

GEN. I.
SPEC. III.
Entasia
rhachybia.

Effects of such
rotatory
change.

are attached, because of the angles formed, relatively, between the vertebræ and the pelvis (the points of origin and insertion of these muscles), and the force of their contraction acting upon moveable, horizontal, or transverse levers, namely, the transverse processes of the vertebræ. *

Morbid curvature of the spine, therefore, in the opinion of Dr. Dods, does not consist in an evulsion of separate vertebræ from their natural course and position, but in a twist of a great part or the entire column, by which means the morbid lateral flexure is nothing more, than the natural sigmoid sweep of the vertebral chain, wrested more or less round to one side, as by the turning of a corkscrew.

Whatever displacement is met with in the ribs, or the other bones of the chest, is necessarily a result of this first deviation from the line of health. "All the ribs," he observes, "have a double attachment to the vertebræ: one, by their heads, to the bodies of them; and the other, by their tubercles to the transverse processes. When the vertebræ, then, are made to rotate upon each other, in the manner described, by the permanent contraction, and this, for example, to the right side, which is the more frequent direction they take, from the causes noticed, they, by this movement, push out or backwards the heads of the ribs of the left side, and force their sternal extremities considerably forward, because of the quick circular turn which the ribs make between their angles and their points of attachment to the vertebræ, and the very small motion, from such a formation of them, requisite here to produce them. Together with this movement of the ribs, which produces the projection of the left side of the chest in front, they are also made, from their double attachment to the vertebræ, to fall down and approximate, or, as it were, overlap each other, at their angles. This causes that hollowness or sinking in of the left side of the chest behind. The falling down of the ribs here described appears to me to be in part owing, also, to the permanent contraction of the sacro-lumbalis muscle, which is inserted into all their angles. While these movements take place with the ribs on the left side of the body, the very opposite, of necessity, happens to those on the right. By the rotatory movement of the vertebræ, the ribs on the right side have their heads contrary to those on the left, drawn inwards, and their sternal extremities made to recede backward, while their double connexion with the vertebræ causes them, contrary also to those of the left side, to be raised up and separated from each other at their angles. This rising up and separation of the ribs at their angles is what produces the projection of the right side of the chest behind."

Morbid situation of the scapulæ accounted for.

From this general change of position, and particularly the twist of the ribs, Dr. Dods accounts for the unnatural situation of the scapulæ, and in many instances of the clavicles and the sternum, with the falling down of the right shoulder. He observes, moreover, that though the contortion of the spine most frequently takes place to the right side, yet that it occasionally takes place to the left; that the whole column is not always moved round, but only a part of it; and that hence, instead of a profile of three morbid

* Op. cit. p. 93.

flexures brought into view, which invariably follows in the former case, we have often a profile of only two: and that where the muscles of both sides of the column become contracted from position, which sometimes takes place, the greater number of the vertebral joints acquire an ankylosis, and the body is arched backwards.

There is much ingenuity through the whole of this explanation, which plausibly accounts for that ridgy line of projection so frequently felt on the left side of the loins, when the morbid curvation is on the right, ascending nearly to a level with the spinous processes, while there is not only no such ridge on the opposite side, but even no appearances of the transverse processes. Upon the hypothesis before us, these processes are conceived to be equally elevated on the one side and depressed on the other, which gives us the two phenomena of an unnatural and ridgy prominence in the former line, and of an unnatural disappearance in the latter. The hypothesis nevertheless (for at present it cannot be entitled to a higher appellation) requires further elucidation and support; and, after all, can never altogether reach the precise object at which it aims,—that of establishing itself at the expense of every other view, and especially of subverting the doctrines of a diseased action of the other moving powers or their appendages, the ligaments of the spinal muscles, or the cartilages into which they are inserted; a morbid condition of which is often capable of proof from the very limited area of pain and tenderness to which, on pressure, the disease seems to be confined: to say nothing of the affection of the vertebral bones themselves, in which, as already observed, spinous distortion sometimes commences, though from a very different source, and in which, even when derived from the source now contemplated, it sometimes terminates.

There can be no doubt, however, that the spinal distortion of the present day is a disease far more frequently of the muscles and their appendages than of the bones, and is the result of a want of equilibrium between the antagonist forces on the one side and on the other of the vertebral column, as well those of the trunk as of the back; in consequence of which this column is deranged in its natural sweep, and either twisted or deflected in particular parts, or in its whole length: all the other changes in the general figure, and deviations from the general health, being dependent upon this primary aberration.

It is hence a disease of muscular debility or irregular, and hence clonic, action in the fibres of the yielding muscles, and an inability to resist the encroachment that is made on them by their more powerful antagonists.

The complaint almost invariably shows itself from the age of puberty to that of mature life, though sometimes later; and is nearly limited to females, and, among females, to those of delicate habits, and who are especially disciplined in the false and foolish rules for obtaining a fine figure. It is hence a perpetual inmate in our public female schools, and is by no means an unfrequent attendant upon domestic education.

The progress of the disease may be so easily collected from the physiological survey we have already taken, that only a few words in addition will be necessary.

GEN. I.
SPEC. III.
Entasia
rhachybia.

Hypothesis
ingenious:

but cannot
be adopted
exclusively.

The muscular
form of distortion most common in the present day.
Explained.

Muscular
debility the
proximate
cause.

Commence-
ment of the
disease,
where chiefly
found.

GEN. I.

SPEC. III.

Entasia
rhachybia.

Progress.

Sequel of
general and
constitutional
mischief.

The complaint first shows itself by a general listlessness and aversion to muscular exertion of any kind, and an unwonted desire to lounge and loll about. No signs of constitutional disease, however, are as yet manifest; the nights are not disturbed, the appetite does not fail, the evacuations are regular, and the pulse unaffected. There is soon afterwards a sense of weariness, and even at times uneasiness, about the back, and especially the loins; and if the muscles of these parts be minutely examined, several of them will give proof of flaccidity and emaciation. If no steps be taken at this time to arrest the disease in its march, or if the steps taken be injudicious or inadequate, the vertebral column will soon be involved in the morbid action; and especially, as Mr. Ward observes, "on the occurrence of any particular disturbance to the constitution*:" its numerous joints will lose their nicely adjusted poise; they will in various parts be left too loose on the one side, and dragged too rigidly on the other; and the elegant contour of the spinal chain will progressively be broken in upon. All the other changes, whether upon the general form or the general health, which progressively take place in the advance of the disease, are entirely consecutive upon the symptoms before us, and may be anticipated by any one. From the morbid contest which is thus continually going on between the antagonist muscles, their internal organisation must necessarily become greatly affected, and the growing debility, which is manifest in the contractile and extensile power of their aggregate fibre, will enter into every part of every separate fibril, and affect their vis insita. The debility and irregular action of one muscle will spread by sympathy or association to various others; and from the derangement of the bones of the spine and the chest, the functions of respiration and digestion, and consequently, in a greater or less degree, all the other functions of the body, must be interfered with in their respective powers, so that there is scarcely any other disease but may follow: and the frame will become generally emaciated.

Occasional
causes.Too rapid
growth:
strains:
chlorosis:school-disci-
pline of the day.

As the proximate cause is debility of the extensor muscles of the back or loins on either side, the occasional cause will consist in whatever has a tendency to produce such debility. Too rapid growth is a frequent source of this complaint; a casual strain of the muscles on either side is a source not less common; chlorosis or any other constitutional weakness may lead to the same effect; and assuredly the use of stiff and girding stays, or any other part of that fashionable compression which is designed, in the school-discipline of the present day, to mould the form into a somewhat different and more graceful shape, than perhaps the niggard hand of nature has intended—such as back-boards, braces, steel bodices or steel crutches, spiked collars, neck-swings, and even education-chairs. The tendency of all these to produce deformity where it does not exist, and to aggravate it where it does, is forcibly pointed out by Dr. Dods; who nevertheless seems to censure, with rather more acrimony than needful, the whole system of school-drilling education, as practised in many of our most fashionable establish-

* Practical Observations on Distortions of the Spine, Chest, and Limbs, p. 36. 8vo. 1822.

ments. A course of discipline for giving grace and elegance to the growing form, if conducted with judgment, devoid of rigorous compression to the expanding organs, and allowing a sufficient alternation of relaxation and ease, so far from being injurious to the health and strength of the general frame, has a natural tendency to invigorate it. But the greater frequency of the lateral distortion of the spine in our own day, compared with its apparent range in former times, together with the increased coercion and complication of the plan laid down in many of our fashionable schools for young ladies, seems clearly to indicate, that some part at least of its increased inroad is chargeable to this source: and the following remarks of Mr. Pott upon the various instruments applied to a growing girl in order to prevent a crooked shape, have a wider claim to attention in the present day, than when they were first given to the world. "These," says he, "are used with design to prevent growing children from becoming crooked or misshapen; and this they are supposed to do by supporting the backbone, and by forcing the shoulders unnaturally backwards. The former they cannot do; and in all cases *where the spine is weak, and therefore inclined to deviate from a right figure*, the latter action of these instruments must contribute to, rather than prevent, such deviations, as will appear to whoever will, with attention, examine the matter. If, instead of adding to the embarrassment of children's dress by such iron restraints, parents would throw off all of every kind, and thereby give nature an opportunity of exerting her own powers; and if, in all cases of manifest debility, recourse were had to friction, bark, and cold-bathing, with due attention to air, diet, exercise, and rest; the children of the opulent would perhaps stand a chance of being as stout, as straight, and as well-shapen as those of the laborious poor."

The simple fact is, that the system of discipline is carried too far, and rendered much too complicated; and ART, which should never be more than the handmaid of NATURE, is elevated into her tyrant. In rustic life we have health and vigour, and a pretty free use of the limbs and the muscles, because all are left to the impulse of the moment to be exercised without restraint. The country girl rests when she is weary, and in whatever position she chooses or finds easiest; and walks, hops, or runs, as her fancy may direct, when she has recovered herself; she bends her body, and erects it as she lists, and the flexor and extensor muscles are called into an equal and harmonious play. There may be some degree of awkwardness, and there generally will be, in her attitudes and movements; and the great scope of female discipline should consist in correcting this. With this it should begin, and with this it should terminate, whether our object be directed to giving grace to the uncultivated human figure or the uncultivated brute. We may modify the action of muscles in common use, or even call more into play than are ordinarily exercised, as in various kinds of dancing; but the moment we employ one set of muscles at the expense of another, keep the extensors on a full stretch from day to day by forbidding the head to stoop, or the back to be bent, and throw the flexors of these organs into disuse and neglect, we destroy the harmony of the frame instead of adding to its elegance, weaken the muscles that have the disproportionate load cast upon

GEN. I.
SPEC. III.

Entasia
rhachybia.

How far such
discipline may
be salutary:

but appears to
be carried too
far in many
places:
as justly ob-
served by Pott.

Uncultivated
compared with
cultivated
youth.

GEN. I.
SPEC. III.
Entasia
rhachybia.

them, render the dejected muscles torpid and unpliant, sap the foundation of the general health, and introduce a crookedness of the spine, instead of guarding against it. The child of the opulent, while too young to be fettered with a fashionable dress, or drilled into the discipline of our female schools, has usually as much health, and as little tendency to distortion, as the child of the peasant: but let these two, for the ensuing eight or ten years, change places with each other; let the young heiress of opulence be left at liberty, and let the peasant-girl be restrained from her freedom of muscular exertion in play and exercise of every kind; and, instead of this, let her be compelled to sit bolt upright in a high narrow chair with a straight back that hardly allows of any flexion to the sitting muscles, or of any recurvation to the spine; and let the whole of her exercise, instead of irregular play and frolic gaiety, be limited to the staid and measured march of Melancholy in the Pensive of Milton —

With even step and musing gait;

to be regularly performed for an hour or two every day, and to constitute the whole of her corporeal relaxation from month to month, girded moreover, all the while, with the paraphernalia of braces, bodiced stays, and a spiked collar; and there can be little doubt that, while the child of opulence shall be acquiring all the health and vigour her parents could wish for, though it may be with a colour somewhat too shaded with brown, and an air somewhat less elegant than might be desired, the transplanted child of the cottage will exhibit a shape as fine, a demeanour as elegant, as fashion can communicate, but at the heavy expense of a languor and relaxation of fibre that no stays or props can compensate, and no improvement of figure can atone for.

Muscular
amusements
not inconsistent
with grace of
figure.

Surely it is not necessary, in order to acquire all the air and gracefulness of fashionable life, to banish from the hours of recreation the old rational amusements of battledore and shuttlecock, of tennis, trap-ball, or any other game that calls into action the bending as well as the extending muscles, gives firmness to every organ, and the glow of health to the entire surface.

Such should
intermix with
those in
ordinary use.

Such and a thousand similar recreations, varied according to the fancy, should enter into the school-drilling of the day, and alternate with the grave procession and the measured dance, for there is no occasion to banish either; although many of the more intricate and venturous opera dances, as the Bolero, should be but occasionally and moderately indulged in; since, as has been sufficiently shown by Mr. Shaw, "we have daily opportunities of observing, not only the good effects of well-regulated exercise, but also the actual deformity which arises from the disproportionate development that is produced by the undue exertion of particular classes of muscles.* It may be observed," continues the same excellent writer, "that the ligaments of the ankles of some of the most admired dancers are so unnaturally stretched, that, in certain postures, as in the Bolero dance, the tibia nearly touches the floor. So bad, indeed, is the effect occasionally produced by a frequent stretching of the ligaments, that the feet of many of them are deformed; for the ligaments, which bind the tarsal and meta-

* On the Nature and Treatment of Distortions, &c. p. 15. Lond. 8vo. 1823.

tarsal bones together, become so much lengthened by dancing and standing on the tips of the toes, that the natural arch of the foot is at length destroyed." *

Such then are the best preventive means against muscular or ligamentous distortion of the young female frame, and especially of the vertebral column, in conjunction with pure air, plain diet, and well-regulated hours of rest.

If, notwithstanding such means, a tendency to crookedness on either side should manifest itself, evidenced by the symptoms already pointed out, no time should be lost in making an accurate examination of the spinal chain: and if such tendency should be accompanied with pains about the pelvis and lower extremities, our attention should be particularly directed to the state of the vertebræ seated in the centre of the different flexures of the column, but especially of the lumbar, for it is probable, in this case, that one or more of them may be in a state of inflammation.

Where this is the case, the usual means of taking off inflammatory action, and especially depletion by cupping-glasses, should be instantly had recourse to. But where the cause is debility alone, and a want of equilibrium between antagonist sets of muscles, rest, reclination, general tonics, especially myrrh, steel, and in many cases the sulphate of quinine, sea-bathing, and, in effect, whatever may tend to introduce a greater firmness of fibre and general vigour of constitution, constitute the best plan of treatment.

To these should be added a series of friction, and especially of shampooing or manipulation applied down the whole course of the spine, and particularly that part of it where the distortion is most evident: and it may be of advantage, as proposed by Dr. Dods, to direct the course of the manipulation in a particular manner to such transverse processes of the vertebræ as appear peculiarly elevated, so as artfully, and by insinuation, to assist in restoring them to their proper position. It will also be found expedient in most cases to smear the hand with oil, or some other unctuous substance, in order to prevent the friction from irritating or excoriating the skin.

Those who ascribe the disease to a strumous diathesis in every instance, have of course a medical treatment of their own adapted to this view of the case. Such is the practice of Dr. Jarrold, who has lately written a treatise upon this subject containing many valuable hints, but who limits the seat of the malady to the intervertebral cartilages, as he does its cause to a strumous taint. His *Materia Medica*, therefore, for the present purpose, is nearly restricted to burnt sponge and carbonate of soda. "Conceiving," says he, that "there might be some relation between it and bronchocele, I have made use of similar remedies." * To which he occasionally adds, when the debility is considerable, twenty drops of nitric acid daily. And with this simple process he tells us, that he has been so successful in a restoration of health, strength, plumpness, and uprightness, that "medical treatment is seldom further required, unless the appetite and digestion be impaired."

Not acceding to this causation, I have not tried the plan; which seems here to have been far more successful than in bronchocele

GEN. I.
SPEC. III.
Entasia
rhachybia.
Such the best
preventive
means.

Remedial
means.

Cupping
sometimes
necessary.
More com-
monly tonics.

Friction and
shampooing:

should be
applied with
dexterity.

How treated
when held as
a strumous
complaint.

Plan of
Jarrold:

his alleged
success.

* Inquiry into the Causes of the Curvature of the Spine, &c. ut suprâ, p.119.

GEN. I.

SPEC. III.

Entasia
rhachybia.Probably less
owing to his
direct than his
auxiliary
means.

Position.

Nature of
couch.Inclined plane,
and inclined
position.Curved position
proposed by
Dods.Either may be
right or wrong,
occasionally.

Illustrated.

itself; even when the more powerful aid of iodine is called into co-operation, which it is singular that Dr. Jarrold does not appear to have had recourse to. To all the confederate means, however, of recumbency, friction, shampooing, pure air, and occasional exercise, he is peculiarly friendly: and as these have of themselves effected a cure in the hands of various other practitioners, it is not improbable, that Dr. Jarrold is far more indebted to such confederates than he is aware of, and that his auxiliaries have been of more service to him, than his main force.

It has been made a question of some importance, which is the best position for a patient to rest in, who is labouring under the complaint before us, or has a striking tendency to it; as also what is the best formed couch for him to recline upon?

All seem to agree that the couch should be incompressible, or nearly so, in order that the weight of the body may be equally instead of unequally sustained, and not one part elevated and another depressed; and hence a mattress is judged preferable to a bed, and a plain board is by many esteemed preferable to a mattress. It is also very generally agreed, that the board or mattress should form an inclining plane, so that the body, placed directly on the back, may be kept perpetually on the stretch: while Dr. Dods maintains, in opposition to this general opinion, that the line should be horizontal or even curved; that a position on the back is by no means necessary; and that a posture of extension cannot fail of being injurious, and adding to the strength or extent of the disease.

Either of these opinions may be right or wrong, according to the nature of the case; and hence neither of them can be correct as a universal proposition. Ease and refreshment are the great points to be obtained; and whatever couch, or whatever position, will give the largest proportion of these, is the couch or the position to be recommended, whether that of supine extension or relaxed flexure.

Dr. Dods, who refers all kinds of lateral distortion to debility of the fibres of the extensor muscles, proscribes an extended position in every instance; and, as already observed, recommends a curved relaxing couch in its stead, so that the patient may sink into it at his ease, instead of being put upon the stretch. The advice is good so far as the opinion is correct, and the disease is dependent upon debility of the extensor muscles alone; for here nothing can afford so much ease to the patient as such an indulgence. But it is not to be conceded, that the fibrous structure of these muscles forms the seat of the disease in every case, and consequently the recommendation will not always apply; for the flexor muscles may be affected, or the debility be seated in the extensor ligaments, or the vertebral cartilages with which they are connected. I have at this moment under my care a lady just of age, who, for four years past, has been labouring under a slight affection of lateral distortion, feeling much more of it whenever she suffers fatigue, or is affected in her spirits. A position strictly supine, and somewhat extended, upon a hard mattress or a level floor, is the only posture that affords her ease, and takes off the sense of weight on the spine, and oppression on the chest. She has often tried other positions, but in vain. To this, therefore, she has uniformly recourse after dinner, and, occasionally, at other times in the day as

well. Pure country air has also been of great service; but above all things, sea-bathing. She has just returned from an excursion around the Devonshire coast. The first day's journey, though in a reclined position in an open landaulet, with every attention that could afford ease and accommodation, proved so fatiguing, and produced so much pain in the spine, that it was doubtful whether she would be able to proceed. A better night, however, than was expected, capacitated her for another trial, and the fatigue was considerably less: on the third or fourth day she had an opportunity of beginning to bathe; and by a daily perseverance in the same was enabled, soon after reaching Teignmouth, to engage in long walks, climb its loftiest hills, and enjoy the entire scenery: her appetite became almost unbounded, and her flagging spirits were restored to vivacity.

It is hence perfectly clear, that, while that position and that mode of dress are most to be recommended, which afford the highest degree of ease and comfort, gestation, pure air, sea-bathing, and every other kind of tonic, whether external or internal, are also of the utmost importance; and that perfect and continued rest, in whatever position it be tried, is far less efficacious than when interrupted by such motion as can be borne, though with some degree of fatigue, and the other tonic auxiliaries just adverted to. In extreme cases, indeed, such exercise as is here adverted to should be postponed till the debilitated and, most probably, irritable organs have lost some part of their disease; yet the motion of friction or manipulation by a skilful and dextrous hand may still be adverted to, and should supply its place: and although the use of tight and girding stays cannot be too much reprobated as applied to growing girls in the full bloom and health of nature, and may well be accused as an occasional cause of the deformity before us; yet there is much soundness of judgment in Mr. Shaw's recommendation of a dress of this kind, capable of giving support without cramping the form by too close a lacing, in cases where the complaint has in any considerable degree established itself, and the mischief is not now to be warded off, but to be prevented from becoming worse. In this case stays may not only be allowed, but "they should be made sufficiently stiff and strong to sustain the weight, which the muscles that have been deteriorated by want of action are unable to support."* This, indeed, is the only mechanical aid that should be allowed; and, if applied with caution, and without an uneasy restraint, they will often be found an auxiliary of great value.

GEN. I.
SPEC. III.
Entasia
rhachybia.

Hence gestation, pure air, sea-bathing, and general tonics, to combine with the preceding.

Rest interrupted rather than continued: except in extreme cases.

* Further Illustrations on the Lateral or Serpentine Curvature of the Spine, &c. 8vo. 1825.

SPECIES IV.
 ENTASIA ARTICULARIS.
MUSCULAR STIFF-JOINT.

PERMANENT AND RIGID CONTRACTION OF ONE OR MORE ARTI-
 CULAR MUSCLES OR THEIR TENDONS.

GEN. I.
 SPEC. IV.

THE joints of the limbs are as subject to muscular contractions as the neck, and in many instances from like causes: the following are the varieties of affection hereby produced:—

- | | |
|----------------------|--|
| α Irritata. | From excess of action in the muscles contracted. |
| Spastic stiff-joint. | |
| β Atonica. | From direct atony in the yielding muscles. |
| Atonic stiff-joint. | |
| γ Inusitata. | From long confinement or neglect of use. |
| Chronic stiff-joint. | |

Causes.

Besides the ordinary causes of cold, inflammation, and strains, by which the first and second variety are produced, the former has sometimes followed a sudden fright.* Freind, also, mentions a case, in which it has been cured by a fright†; and Baldinger one, in which it disappeared on the revival of a suppressed eruption which had given rise to it.‡ Rheumatism has often produced it, and particularly the second variety, in the joint of the knee and thigh-bone.

Treatment.

In a case of the latter kind, it was successfully attacked by Richter§ with a cautery of a cylinder of cotton. In this and the third variety, much benefit is often derived from repeated and long-continued friction with a warm hand, or with some stimulant balsam or liniment. In an obstinate contraction of the fingers succeeding to a fractured arm, Dr. Eason relates an instance, in which the rigidity suddenly gave way to a pretty smart stroke of electricity after every other means had failed; and the patient had the use of his fingers from this time.¶ Such exercise, moreover, or exertion of the limb, should be recommended as it may bear without fatigue. The cold bath, as an antispasmodic, has sometimes been serviceable in the FIRST VARIETY ¶, and more frequently, as a tonic, in the SECOND.

Chronic stiff-joint often produced from habitual neglect of muscles affected.

Most men exhibit proofs of the THIRD VARIETY, or chronic stiff-joint, from a neglect of using many of their muscular powers: for nearly a fourth part of the voluntary muscles, from being seldom called into full and active exertion, acquire a stiffness which does not naturally belong to them; while many that, by exercise, might

* Starke, Klin. Instit., p. 32.

† Vit. Gabriel.

‡ N. Magazin., band xi. 78.

§ Chir. Bibl., band x. 219.

¶ Edin. Med. Comment., v. p. 84.

¶ In an example of this kind, brought on by a wound of one of the fingers, the editor applied a succession of blisters to the back of the hand and wrist; and the patient, a woman residing at Weybridge, was very soon enabled to extend her fingers again.

have been rendered perfectly pliant and obedient to the will, have lost all mobility, and are of no avail. Tumblers and buffoons are well aware of this fact, and it is principally by a cultivation of these neglected muscles that they are able to assume those outrageous postures and grimaces, and exhibit those feats of agility, which so often amuse and surprise us. It is a like cultivation that gives that measured grace and firmness as well as erect position in walking, by which the soldier is distinguished from the clown; and that enables the musician to run with rapid execution, and the most delicate touch, over keys or finger-holes that call thousands of muscular fibres into play or into quick combinations of action, which in the untutored are stiff and immoveable, and cannot be forced into an imitation without the utmost awkwardness and fatigue.

GEN. I.
SPEC. IV.
Entasia
articularis.

Explained.

SPECIES V.

ENTASIA SYSTREMA.

CRAMP.

SUDDEN AND RIGID CONTRACTION AND CONVOLUTION OF ONE OR MORE MUSCLES OF THE BODY: MOSTLY OF THE STOMACH AND EXTREMITIES, VEHEMENTLY PAINFUL, BUT OF SHORT DURATION.

SYSTREMA, literally "contortio, convolutio," "globus," is derived from *συστρέφω*, "contorqueo," "convolve in fascem." Stremma, the primary noun, is an established technical term for "strain, twist, wrench;" and the author has hence been induced to add the present term to the medical vocabulary in the sense now offered, for the purpose of superseding and getting rid of *crampus*, which has hitherto been commonly employed, though at the same time commonly reprobated, as a term intolerably barbarous, derived from the German *krampf*. The proper Latin term is, perhaps, "raptus nervorum;" whence opisthotonia or opisthotonos is denominated by the Latin writers "raptus supinus." But raptus is upon the whole of too general a meaning to be employed on the present occasion, unless with the inconvenience of another term combined with it.

GEN. I.
SPEC. V.
Origin of
specific name:

invented to
supersede the
barbarous term
crampus.
Raptus of the
Latins, what.

The parts chiefly attacked with cramp are the calves of the legs, the neck, and the stomach. The common causes are sudden exposure to cold, drinking cold liquids during great heat and perspiration, eating cold cucurbitaceous fruits when the stomach is infirm and incapable of digesting them, the excitement of transferred gout and overstretching the muscles of the limbs, in which last case it is an excess of re-action produced by the stimulus of too great an extension. Hence many persons are subject to it, and especially those of irritable habits, during the warmth and relaxation of a bed, and particularly towards the morning, when the relaxation is greatest, the accumulation of muscular or irritable power most considerable, and the extensor muscles of the legs are strained to their utmost length, to balance the action which the flexor muscles have

Parts chiefly
affected.
Causes.

In the last
case, how
produced,
especially
in the long
muscles.

GEN. I.
SPEC. V.

Entasia
systemma.

Other causes
of cramp.

How produced
in swimming.

Symptoms
when the
hollow or
membranous
muscles are
affected.

When the
more fleshy
muscles are
affected.

Mode of
treatment.

Vulgar plan of
squeezing a roll
of brimstone
explained.

Treatment
where the
stomach is
affected.

Treatment
under preg-
nancy.

gained over them during sleep. Cold night-air is also a common cause of cramp, and it is a still more frequent attendant upon swimming, in which we have the two causes united of cold and great muscular extension. An uneasy position of the muscles is also in many cases a sufficient cause of irritation; and hence we often meet with very painful cases of cramp in pregnant women down the legs, or about the sides, or the hypogastrium.

When the hollow or membranous muscles are affected, they feel as though they were puckered and drawn to a point; the pain is agonizing, and generally produces a violent perspiration; and if the stomach be the affected organ, the diaphragm associates in the constriction, and the breathing is short and distressing. If the cramp be seated in the more fleshy muscles, they seem to be writhed and twisted into a hard knot; and a knotty induration is perceivable to the touch, accompanied with great soreness, which continues for a long time, after the balance of power has been restored.

In common cases where the calves of the legs are affected, an excitement of the distressed muscles into their usual train of exertion is found sufficient; and hence most people cure themselves by suddenly rising into an erect position. I have often produced the same effect, and overcome the re-action without rising, by forcibly stretching out the affected leg by means of other muscles, whose united power overmatcheth that of the muscle that is contracted. Warm friction with the naked hand, or with camphorated oil or alcohol, will also generally be found to succeed. A forcible exertion of some remote muscles, which thus collects and concentrates the irritable power in another quarter, will also frequently effect a cure; and it is to this principle alone, I suppose, we are to refer the benefit which is said to arise from squeezing strenuously a roll of brimstone, which suddenly snaps beneath the hold. The brimstone snaps from the warmth of the hand applied to it; but its only remedial power consists in affording a something for the hand to grasp vehemently, and thus excite a sudden change of action.

Where the stomach is affected, brandy, usquebaugh, ether, or laudanum afford the speediest means of cure; and it is often necessary to combine the laudanum with one or other of the preceding stimulants. Here also the external application of warmth, and diffusible irritants, as hot flannels moistened with the compound camphor liniment, are found in most cases peculiarly beneficial. Exciting a transfer of action to the extremities, as by bathing the feet in hot water, or applying mustard sinapisms to them, is frequently of great advantage; as in the use of hot, emollient, and anodyne injections, whose palliative power reaches the seat of spasm by sympathetic diffusion, and often affords considerable quiet. Here, also, the patient should be particularly attentive to his diet and regimen, confining himself to such viands as are most easy of digestion, and least disposed to rouse the stomach to a return of these morbid and anomalous actions; for a habit of recurrence is soon established, which it is difficult to break off.

In pregnancy, where the crampy spasms are often migratory and fugitive, the position should frequently be changed, so as to remove the stimulus of uneasiness by throwing the pressure upon some other set of muscles; and if the stomach be affected with gout, opium, rhubarb, chalk, or aromatics should be taken on going to rest.

The best preventives when the cause is constitutional, are warm tonics, and habituating the affected muscles to as much exercise as their strength will bear: and hence the same forcible extension used in swimming, which produces cramp the first or second time of trial, will rarely do so afterwards.

Cramp is also found, as a symptom, and as one of the severest symptoms of the disease, in various species of colic and cholera; in which cases, it must be treated according to the methods already pointed out under those respective heads.

GEN. I.
SPEC. V.
Entasia
systemma.
Best preventives.

Found also as a symptom in many diseases.

SPECIES IV.

ENTASIA TRISMUS.

LOCKED-JAW.

PERMANENT AND RIGID FIXATION OF THE MUSCLES OF THE LOWER JAW.

THIS disease is by the French writers called *tic*. The technical term is derived from the Greek *τρίζω*, "to gnash or grind the teeth;" which, like the French synonym, is supposed by the lexicographers to be an onomatopoeia, or a word formed from the sound that takes place in the act of gnashing.

In truth, it was to a disease, in which morbid gnashing formed a symptom, that both the Greek and French term was originally applied; for the trismus of the old writers consisted, not of a rigid, but a convulsive or agitative spasm of the lower jaw; an affection comparatively trifling, and rarely to be met with, and, when it does occur, appertaining to the *CLONUS* of the present system of nosology, the clonic spasm of authors in general. And the use of trismus or tic to import a state of muscle directly opposed to that which it first indicated, is another striking proof of the incongruous change which is perpetually occurring in the nomenclature of medicine, for the want of established rules and principles to give fixation and a definite sense to its respective terms.

Dr. Akerman is the only writer of reputation I am acquainted with in recent times, who has used trismus in its original intention, or rather, who has united its original with its modern meaning. For he employs the term generically; and arranges under it the two species of *trismus tonicus*, being that now under consideration, and *trismus clonicus*, or the disease it originally denoted. But this arrangement is unequalled for and inconvenient, and has not been received into general use; the term trismus being, with every writer of the present day, limited to the first of these two species alone, notwithstanding the origin of the word. And hence, as it is so generally and completely understood, there would be an affectation in changing it for any other. The Germans call it *kinnbakkenzwange*, which is precisely parallel with the LOCKED-JAW of our own tongue.

Dr. Cullen, in the first edition of his Nosology, made trismus and tetanus, our next species, distinct genera; but he altered his

GEN. I.
SPEC. VI.
French
synonym.
Origin of the technical term.
Both the Greek and French terms formerly applied to a different affection:

and recently so applied by Akerman.

German
synonym.

Variouly and irregularly

GEN. I.
SPEC. VI.
Entasiatrimus.
arranged by
Cullen : at one
time a distinct
genus from
trismus, which
was also made
a distinct
genus :
at other times
both reduced to
a variety of a
common genus.

Proper place in
a middle line of
arrangement,
each forming a
distinct species.
Analogy.

Found gene-
rally in all
ages, tempera-
ments, and
climates.

In other animals
as well as in
man.

Causes.

opinion before the publication of his First Lines, and regarded them as nothing more than degrees or varieties even of the same species. "From the history of the disease," says he, "it will be evident, that there is no room for distinguishing the tetanus, opisthotonos, and trismus or locked-jaw, as different *species* of this disease, since they all arise from the same causes, and are almost constantly conjoined in the same person." * In consequence of which, in the later editions of Dr. Cullen's Synopsis, in which the supposed error is attempted to be corrected, the disease is introduced with a very singular departure from nosological method: for, first, tetanus is employed as the term for a distinct genus, defined "a spastic rigidity of many muscles;" and next, under this generic division are given no species whatever, but two varieties of degree alone; to the first of which is again applied the name of TETANUS, defined "the half or whole of the body affected with spasms," and to the second that of TRISMUS, defined "spastic rigidity chiefly of the lower jaw."

Passing by this irregularity of method, the proper view of the subject seems to lie in a middle course; in contemplating trismus and tetanus, not as distinct genera, or mere varieties of a single disease, but as distinct species of a common genus; and under this view it is contemplated in the present arrangement. Trismus bears the same relation to tetanus as synochus does to typhus: the two former, like the two latter, may proceed from a common cause and require a similar treatment; and the first may terminate in the last. But trismus, like synochus, may run its course alone, and continue limited to its specific symptoms. And as Dr. Cullen has thought proper to make synochus and typhus distinct genera, he ought at least to have ranked trismus and tetanus as distinct species.

Trismus is found in all ages, sexes, temperaments, and climates. In warm climates, however, it occurs far more frequently than in cold; and chiefly in the hottest of warm climates. Dr. Cullen observes, that the middle-aged are most susceptible of the disease, men more so than women, and the robust and vigorous than the weakly. Other animals are subject to this complaint as well as man, particularly parrots; and from many of the causes † that affect the human race.

These causes, for the most part, are chilliness and damp operating upon the body when heated, and hence sudden vicissitudes of heat and cold; wounds, punctures, lacerations, or other irritations of nerves in any part of the body; whence it has not unfrequently followed venesection when unskillfully performed ‡, and still more frequently amputation, worms or irritation in the stomach and bowels, especially in those of infants. We have thus the three following varieties offered to us, which, however, chiefly differ in symptoms peculiar to the period of life in which the disease is most disposed to show itself, or in the interval between the casual excitement and the spastic action:—

* Pract. of Phys., Book III. Sect. I. Chap. I. § MCCLXVII.

† Bajon. Abhandlungen von Krankheit. auf der Insel Cayenne, &c.

‡ Delaroche, Journ. de Med., tom. xv. p. 213. Forestus, Lib. x. Obs. III. Schenck, Obs. L. I. N. 250.

- α Nascentium. Attacking infants during the first fortnight after birth.
- β Locked-jaw of infancy. Occurring at all ages, after exposure to cold and damp, especially the dew of the evening, the symptoms usually appearing within two or three days.
- γ Catarrhal locked-jaw. Occurring as the consequence of a wound, puncture, or ulcer, with particular frequency in hot climates; and rarely appearing till ten days or a fortnight after local affection.
- γ Traumatismus. Traumatic locked-jaw.

GEN. I.
SPEC. VI.
Entasiatrimus.

The pathology is highly difficult, if not mysterious, and has hence been purposely avoided by most preceding writers. Dr. Cullen expressly avows that he "cannot in any measure attempt it." * There is one principle, however, to which I have frequently had occasion to direct the reader's attention, which will help us in a considerable degree to develop something of its obscurity, and to account more especially for so remote a separation between the seat of primary irritation and that of spasmodic excitement, which constitutes, perhaps, its most embarrassing feature. The principle I allude to is the sympathy that prevails throughout the whole of any chain of organs, whether continuous or distinct, engaged in a common function, and which is particularly manifest at its extremities; so that let a morbid action commence in whatever part of the chain it may, the extremities, in many instances, become the chief seat of distress, and even of danger. We had occasion to notice this law of the animal economy when treating of PARAPHSIS ILLUSORIA, or that imaginary sense of feeling and of acute pain in a limb that has been amputated and is no longer a part of the body which we referred to the principle before us; and farther noticed, by way of illustration, the pain often suffered at the glans penis from the mechanical irritation of the neck of the bladder by a calculus. So, irritating the fauces with a feather excites the stomach, and even the diaphragm, to a spasmodic action, and the contents of the organ are rejected. Irritating the ileum, as in ileac passion, produces the same effect upon the stomach and œsophagus; at the same time that the other extremity of the canal is attacked with rigid spasm, and consequently with obstinate costiveness: while in cholera both extremities are affected in a like way, and we have hence both purging and vomiting. It is to the same principle we are to ascribe it, that when the surface of the body is suddenly chilled, as on plunging into a cold-bath, the bladder becomes irritated, and evacuates the contained urine: and, in treating of MARASMUS, we had occasion to show, that while, in one of its species, the disease seems to commence in the digestive, and in another in the assimilating organs, constituting the extreme ends of a very long and complicated chain of action, it very generally happens, that, at which end soever the decay commences, the opposite end is very soon affected equally.

Pathological principle difficult: but attempted to be explained by the author in part, especially the principle of remote action between the chief seat of the disease and that of primary injury. Analogies.

Sympathy of remote organs when united in a common chain of action.

In a continued chain of nervous fibres, however, this principle of sympathy, which induces remote parts, and particularly remote

Sympathy pervading a chain of nervous fibres;

* Pract. of Phys. Book III. Sect. I. Chap. I. § MCCLXIX.

GEN. I.
SPEC. VI.
Entasia trismus.
and evinced
chiefly in their
remote extre-
mities.
Illustrated.

extremities, to associate in the same morbid action, is peculiarly conspicuous. Hence, if a long muscle be lacerated in any part of its belly, the tendinous terminations are often the chief seat of suffering. As the ulnar nerve sends off twigs from the elbow to supply the fore-arm and fingers, a blow on the internal condyle of the humerus gives a tremulous sensation through the fore-arm and hand: and as the ulnar nerve itself is only an offset from a plexus or commissure of the cervical nerves, which also give a large branch to the scapula, a paralysis of the ring or little finger has sometimes been removed by stimulating the scapular extremity by a caustic applied at the internal angle of the scapula. In inflammation of the liver, a severe pain is often felt at the top of the shoulder, and, in palpitation of the heart, at the left orifice of the stomach. Both these are to be accounted for by recollecting, that the radiations of the phrenic nerve extend in an upper line to the shoulder, and in a lower to the diaphragm, which constitutes its extreme points; and that one of its branches passes over the apex of the heart. Now as the under surface of the diaphragm participates, from its contiguity, in an inflammation of the liver, the top of the shoulder suffers, as forming the extreme point of the phrenic chain by which these organs are connected; and as the upper surface of the diaphragm is in direct contact with the left and very sensible orifice of the stomach, an uneasiness at the apex of the heart becomes the cause of irritation to this orifice in consequence of its connection with the diaphragm, and hence, of necessity, with the lower branch of the phrenic nerve at its extreme distribution.

This reasoning
applied to
trismus and
diseases of a
like kind.

These remarks apply with particular force to the disease before us, and many others of the same class, with which it has a close analogy, as tetanus, lyssa, and hemicrania. And although, from the intricacy of the intersections and decussations with which various nerves pursue their radiating courses, it is impossible for us, in many instances, to determine why one line of connection suffers while another remains unaffected; yet, in most instances, we may be able, by an accurate survey, to trace the catenation, and hence to obtain some insight into the physiology of these exquisitely curious and complicated disorders.

Illustrated in
trismus.

In mapping the nervous ramifications which give rise to trismus or locked-jaw, we must regard the ganglionic system, consisting of the various branches of the intercostal trunk, and the numerous branches which unite with it from the whole line of the spinal marrow, as constituting the centre; and as, from this centre, we perceive ramifications radiating in every direction to the face, the entire length of the back, the upper and lower limbs, and the thoracic and abdominal viscera, we see a foundation laid even by a continuous chain, for an association of remote parts and even extreme points in morbid changes, though we may not be able, satisfactorily perhaps, in any instance, to trace out the individual line by which the diseased action is carried forward, and to separate it from other lines with which it is inextricably interwoven. Thus, in the case of *trismus nascentium*, forming the first variety under the present species, the irritation of the nerves of the stomach, which is very clearly the primary seat of disease in most cases, is propagated directly to the central branches of the ganglionic

Illustration
applied to the
first variety.

system by the tributary offsets which the stomach receives from it. But we have already observed, that the chief contribution to this grand junction canal is derived from the intercostal nerve itself. In the first instance, an arm from the trigeminus or fifth pair of nerves, two branches of which radiate upwards, constitute the maxillaris superior and maxillaris inferior, and are lost in the muscles of the jaws: so that the upper extremity of the nervous line distributed over the stomach is the nerves of the jaws themselves; while various branches of the fifth occasionally unite with the portio dura, or respiratory trunk of the seventh pair, which divaricates not only to the diaphragm, but over all the muscles that have the remotest connection with the respiratory system. And hence, agreeably to the law of the animal economy we have just pointed out, the muscles of the jaws, forming this extremity in the chain of morbid action, are the organs in which we may expect an irritation of the nerves of the stomach in various instances to manifest itself most strikingly.

In like manner we may account for the second and third varieties of trismus, or that produced by a chilly dampness, or irritative violence applied to the upper or lower extremities: for as these are all supplied by nerves from the vertebral source, which, we have already remarked, gives off branches from every aperture in the spine to the ganglionic system, and as this system, at its upper end, terminates in the maxillary branches of the fifth pair of nerves, the muscles into which these nerves are distributed constitute one extreme point of a long chain of nervous action, while those of the upper and lower limbs constitute the other. And hence the same law, which produces a spastic fixation of these muscles in certain irritations of the stomach, may reasonably be expected to operate with a like effect in certain irritations of the upper and lower limbs. And as the intercostal nerve, at its first rise from the common source of itself and the maxillary branches, receives also, in its progress, offsets from the sixth, seventh, eighth, and ninth pairs of cerebral nerves, as well as from all the vertebral, and as all these, in consequence of such an interunion and decussation, are sending forth branches over the muscles of the back, the chest, and the thorax, there is no difficulty in conceiving, when a rigid spasm has once commenced in the lower jaw, why it should be propagated through any of the muscles appertaining to these parts of the system, or even originate in them from any of the causes that excite locked-jaw, and hence lay a foundation for tetanus as well as trismus, both as a primary and a secondary disease. And I have touched upon this subject now, that we may not have to repeat the present explanation when treating of tetanus in its proper place. *

GEN. I.
SPEC. VI.
Entasiatrismus.

Illustration
applied to the
second and
third varieties.

Illustration
equally appli-
cable to
tetanus.

* See Cloquet, *Traité d'Anatomie Descriptive*. Boeck *Beschreibung des fünften Nervenpaares und seiner Verbindungen mit anderen Nerven, vorzüglich mit dem Ganglien Systeme*. Leips. 1817. The whole of the above hypothesis is only an attempt to explain the origin and extension of tetanic disorders by the intricate communications of the nerves of different parts of the body. The view of the pathology of tetanic affections entertained by Dr. Elliotson, is, that they depend upon a peculiar state of that part of the brain, or spinal marrow, which is immediately connected with the nerves of the voluntary muscles. The mind is unaffected, and so is sensibility. The disorder appears to be an affection of the voluntary muscles through the medium of the voluntary nerves, and those

GEN. I.

SPEC. VI.

α E. Trismus
nascentium.

Peculiarly
common to
tropical cli-
mates.
Called vul-
garly, but
absurdly,
Falling of the
Jaw.

Description.

Ordinary
cause.

Disease some-
times found in
cold and
mountainous
countries.

β E. Trismus
catarrhalis.
Description.

In the simplest state of trismus, indeed, there is some degree of stiffness found at the back of the neck, and even in the sternum. The disease, in some cases, shows itself with sudden violence, but more usually advances gradually; till at length the muscles that pull up the jaw become so rigid, and set the teeth so closely together, that they do not admit of the smallest opening.

In tropical climates, for Dr. Cullen's remark that it is most common to the middle-aged, only applies to the temperate regions of Europe, children are particularly subject to this complaint, and with a few peculiarities which, though producing no specific difference, are sufficient to establish a variety. The disease in this case is vulgarly known by the absurd name of FALLING OF THE JAW. It occurs chiefly between the ninth and fourteenth day from birth; seldom after the latter period. Without any febrile accession, and often without any perceptible cause whatever, the infant sinks into an unnatural weariness and drowsiness, attended with frequent yawnings, and with a difficulty, at first slight, of moving the lower jaw, which last symptom takes place in some instances sooner, in others later. Even while the infant is yet able to open its mouth, there is, occasionally, an inability to suck or swallow. By degrees the lower jaw becomes rigid, and totally resists the introduction of food. There is no painful sensation; but the skin assumes a yellow hue, the eyes appear dull, the spasms often extend over the body, and, in two or three days, the disease proves mortal.

The ordinary cause is irritation in the intestinal canal. Hence viscid and acrimonious meconium frequently produces it; as worms are said also to do, some months after birth. It seems, moreover, in some instances, to have followed from irritation in tying the navel string, or its not being properly attended to afterwards; in which case, though the stomach may be affected by contiguous sympathy, the disease makes a near approach to the third or traumatic variety. Yet the appearance of the spastic action is as early as where the stomach is primarily affected.

In cold and even mountainous countries, this variety is also sometimes found. "I am informed," says Dr. Cullen, "of its frequently occurring in the Highlands of Scotland; but I never met with any instance of it in the low country."* Whether, according to the conjecture of this celebrated writer, it is more common to some districts than to others, has not been sufficiently determined. "It seems," says he, "to be more frequent in Switzerland than in France." Hot climates, however, constitute its principal domain; and hence it is not very surprising, that Bajon should place one of its chief residences at Cayenne†, or that Akerman should assert it to be endemic in Guinea.

In the SECOND VARIETY of the disease, or that proceeding from cold or night dew, the symptoms often appear within a day or two

parts of the brain and spinal marrow with which they are connected. See Dr. Elliotson's Lectures on Medicine, as delivered at the Univ. of London, and reported in Med. Gaz. for 1832-3, p. 470. — Ed.

* Loc. citat., § MCLXXXI.

† Bajon, Abhandlung. von Krankheit. auf der Insel Cayenne, &c. Erp. 1781.

after exposure to the exciting cause. It is not common that the spasm extends to the muscles of the chest or back, so as to produce tetanus, though there is often an uneasy sensation at the root of the tongue, with some difficulty in swallowing liquids after their introduction into the mouth; the disease thus making an approach towards lyssa or canine madness in its symptoms, as we have just endeavoured to show that it does in its physiology. According to the observations of Baron Larrey, indeed, this approach is in many instances very considerable; for he informs us, that on post-obituary examinations he has often found the pharynx and œsophagus much contracted, and their internal membranes red, inflamed, and covered with a viscid reddish mucus. Dr. Hennen, however, does not place much dependence upon any such appearances; he admits, nevertheless, that they are to be traced occasionally, though he ascribes them more to an increased flow of blood, consequent on increased action, than to any other cause.*

GEN. I.
SPEC. VI.
β E. Trismus
catarrhalis.

In this variety, from the slighter nature of its attack, the patient not unfrequently recovers by skilful medical treatment, and there are unquestionably instances of spontaneous recovery †, though cases of this kind are very rare. The intellect remains unaffected, there is little quickness of the pulse, sometimes none whatever, and little or no disorder of any kind, though the bowels are usually very costive. If the patient pass the fourth or fifth day, we may begin to have hopes of him, for the spasmodic constriction will then frequently remit or intermit; but as, even in the last case, it is apt to return at uncertain intervals, there is still a considerable danger for many days longer.

Prognostics.

When, as in the THIRD VARIETY, the disease proceeds from a nerve irritated by a wound ‡ or sore, the spasmodic symptoms are

γ E. Trismus
traumaticus.

* Principles of Military Surgery, 246.

† Briot, Hist. de la Chirurgie Militaire en France, &c. 8vo. Besançon, 1817.

‡ Trismus traumaticus sometimes follows surgical operations, and very frequently lacerated wounds of the fingers, toes, and other tendinous parts. The editor has seen several cases of it brought on by gunshot injuries, amputation, castration, and he knew of one instance in which it was induced by the amputation of a cancerous breast. In warm climates it occurs from very slight causes, and hence is much more frequent in them than in temperate and cold countries. A wound will sometimes not produce the disease till the person is suddenly exposed to cold, and then he will have it immediately. Last autumn, the editor saw an example of this in a farmer, who had met with a lacerated wound of the scalp by being thrown from his horse: from this accident he was recovering in the most favourable way, but on going out into the cold air at the end of a fortnight, when the wound was nearly healed, he was attacked with trismus, which soon assumed the form of universal tetanus, and he died in about six or seven days from the commencement of the disorder. Tetanus occurs in all conditions of wounds; in some of a healthy and others of an unhealing appearance: sometimes also when they are almost, or even entirely, healed up. It occurs, too, whether the wound be large or small. Dr. Elliotson had a case of tetanus, as severe as any he ever saw, where there had been merely a contusion of the thumb. There was no pain, no irritation; the nail was separated and loose, but under it all was dry, and no secretion was going on. A case is mentioned in the Trans. of the Lond. Med. Society, in which the disease occurred after a burn, at the time when there was merely a dry scab on the leg, and no inflammation around it; nay, as Dr. Elliotson observes, the disease has sometimes declined and ceased, while the wound every day grew worse and worse. In Egypt the wounded of the French army were found by Larrey to be safe from traumatic tetanus, if they were not attacked by it before the sixteenth day. Sir Gilbert Blane has known the disease commence at all periods of a wound between the second day and the

GEN. I.

SPEC. VI.

γ E. Trismus
traumaticus.

Symptoms ap-
pear later than
in the preceding
varieties :

and are propor-
tionally more
dangerous.

Description.

much later in showing themselves ; and sometimes do not make their appearance till eight or nine days afterwards, occasionally, indeed, not at all till the wound is healed. The disease is more dangerous in proportion to the delay ; the adjoining muscles of the face become more affected, and, as is already observed, the spasms often shoot downward into the back or chest, and trismus is complicated with tetanus. The breathing is nasal and abrupt, the accents are interrupted and slow, and uttered by the same avenue ; the muscles of the nose, lips, mouth, and the whole of the face are violently dragged and distorted, and the patient sinks from nervous exhaustion and want of nutriment, the jawbone being set so fast that it will often break rather than give way to mechanical force.

This variety
generally fatal.

The disease, from this cause, is generally fatal ; and we are indebted to the ingenuousness of Sir James M'Grigor and Dr. Hennen for a confession that, whatever remedies were employed in the British army, whether in India or in Spain, the mortality was nearly the same. But as the treatment of the present variety and the ensuing species should be founded on a like principle, we shall reserve this subject till we have entered upon a distinct history of the latter.

Treatment the
same as for
tetanus, and
reserved for the
close of that
subject.

SPECIES VII.

ENTASIA TETANUS.

TETANUS.

PERMANENT AND RIGID FIXATION OF MANY OR ALL THE VOLUNTARY MUSCLES ; WITH INCURVATION OF THE BODY, AND DYSPNŒA.

GEN. I.

SPEC. VII.

Origin of the
specific term.

TETANUS is derived from *τεταίνω*, which itself is a derivative from *τείνω*, "tendo, extendo." Like trismus it is a term common to the early Greek writers, among whom it was used synonymously with *opisthotonos* and *emprosthotonos*, though the two latter were afterwards employed to express two distinct modifications of the disease.

From peculiarities in the seat or mode of its attack, this species offers us the four following varieties :—

α Anticus.

Tetanic procurvation.

Tetanus of the flexor muscles.

The body rigidly bent forwards.

end of the fourth week. In Spain and Portugal, Sir James M'Grigor found the twenty-second day the limit. Dr. Murray relates an instance in which a midshipman trod on a rusty nail one evening at nine o'clock ; and, after exposing himself to the cold night air in keeping watch, had tetanic symptoms on the following morning, at eight o'clock. (See Lond. Med. Gaz. for 1832-3, p. 623.) In hot countries the disease has been known to follow a local injury directly after its occurrence. — ED.

β Dorsalis. Tetanic recurvation.	Tetanus of the extensor muscles. The body rigidly bent backward.	GEN. I. SPEC. VII. Eutasia tetanus.
γ Lateralis. Tetanic transcurvation.	Tetanus of the lateral muscles. The body rigidly bent laterally.	
δ Erectus. Tetanic inflexibility of the body.	Tetanus of both the posterior and anterior muscles. The body rigidly erect.	

The FIRST of these VARIETIES is the emprosthotonos of early writers; the SECOND the opisthotonos; the THIRD the pleurosthotonos of authors of a later date; the FOURTH the proper tetanus of Dr. Lionel Clarke and a few others. To these varieties it has been usual to add the singular disease called catochus; which by Sauvages, Cullen, and various other authorities, is regarded as closely connected with this species. It has a near affinity to it unquestionably, and hence, out of deference to concurrent opinions, it was suffered to stand as a variety of tetanus in the first edition of the author's Nosology; but with a note intimating that it seems rather to belong to the genus CARUS of the fourth order of the present class, and to be a modification of the species ECSTASIS, under that genus: and as this appears to be its proper place, it will now be found arranged there accordingly.

Emprosthotonos, what.

Catochus how connected with these.

More properly a subdivision of carus.

The general physiology, so far as it seems capable of elucidation, has been already given under the preceding species; the proximate cause being that of a peculiar irritation of a certain chain or association of nerves, chiefly operating with the greatest violence at the two extremities of the morbid line. This irritation seems, in many instances, to consist in inflammation; and hence is made a common cause by many of the most valuable writers of the present day. Professor Frank seems first to have started the idea, and he has been followed in succession by Dr. Saunders of Edinburgh, Dr. Chisholm, Dr. James Thomson, and Dr. Abercrombie, who have been upheld in Italy by MM. Brera, Rachetti, and Bergamaschi, and in France by M. Esquirol. Bergamaschi* advances, indeed, so far as to maintain, that where wounds themselves, of whatever form, are the remote cause, a neurostenia, as he calls it, or inflammatory affection of the nerves, is still the proximate cause; extending itself from the wounded part, by the nervous extremities, to the spinal marrow and the brain, or, *vice versâ*, from the brain to the spinal marrow and principal nerves, and thence to the parts that are subservient to locomotion. Dissection, however, is very far from giving proofs of such inflammatory change in every instance; while in many cases the disease is of too fugitive a character, and makes its seizure or its disappearance too rapidly for the more measured progress of inflammation. †

General physiology already glanced at.
Proximate cause.

Neurostenia of Bergamaschi.

* Osservazioni Medico-pratiche sul Tetano. — Giornale di Medicina pratica del Sig. Cons. e Prof. Cav. V. L. Brera.

† Dissections reveal no appearances of any regular or constant description in the bodies of persons who die of tetanus. In most cases nothing remarkable is met with; and hence the best modern pathologists all agree, that when morbid changes are noticed, they are not essential, but incidental. Sometimes there are

GEN. I.
SPEC. VII.
Entasia tetanus.

Exciting
causes.

Terror some-
times a power-
ful auxiliary to
them.

Lateral tetanus
peculiarly un-
common.

Description.
The other
varieties also
less frequent
than trismus
when strictly
idiopathic.

The exciting causes are also for the most part those of TRISMUS; though it appears in infancy far less frequently, unless as a concomitant of that disease. Damp and cold, therefore, and simple nervous irritation from wounds* or sores in hot climates and crowded hospitals, are the chief sources of its production; and where these accessories exist, terror seems to be a powerful auxiliary, and has alone, in some instances, been sufficient for its production. "Passion, or terror," says Dr. Hennen, "after wounds and operations, has been known to produce the disease in some; and sympathy, though a rare cause, in others." It is said also to have been produced by insolation or exposure to the direct rays of the sun†; and has unquestionably followed, as M. Magendie and numerous other French authors‡ have abundantly shown, from various irritant narcotics, as strychnine, or the active principle of nux vomica, as also from galvanism, when raised to a sufficient power for the purpose.

LATERAL TETANUS is very rarely to be met with, and seems to be rather a chronic than an acute malady. Fernelius, who first described it§, gives a case in which it occurred annually, but only in the winter, during which season the patient had two or three paroxysms daily: the head was first attacked with a peculiar vibratory feeling, which gradually descended to the neck with a sensation of cold, and by the time it reached the scapula was immediately succeeded by symptoms of opisthotonos, and afterwards of lateral contraction; during which the mind and external senses were unaffected, but the flexor muscles were so firmly fixed, that no antagonist force of the bystanders was able to overpower the contortion.

Nor are the other varieties nearly so frequent as trismus, except where they form a subsequent part of the general chain of morbid action. My observant friend, Dr. Hennen, confesses, that, during the whole period of his superintending the British hospitals in Spain, he never met with but one case of emprosthotonos, and even this he describes as an incurvation that rather approached it, than consti-

traces of inflammation of the spinal marrow; though, if the weather be hot and the body not examined promptly, the coverings of the spinal marrow will look red, though no inflammation may have existed in it. — En.

* Dr. Armstrong mentions, that one of his friends, who had had extensive experience in hot climates, never knew a case of tetanus occur without local injury; and he was led to believe that such was the fact by a careful examination of the whole surface of the body. (See Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 742. 8vo. Lond. 1834.) There can be no doubt, however, that many cases of tetanus are idiopathic, and not traumatic, because we know, that the latter are infinitely more difficult to control, and more frequently fatal. Dr. Armstrong states, that the local injuries which most frequently produce tetanus, are those which are accompanied with friction. Lacerated or punctured wounds of tendinous parts, injuries of the fingers, thumb, or toes; dislocations, especially compound ones; burns, scalds, and ulcers; may be exciting causes of traumatic tetanus; and what is remarkable, the disorder may come on, as already noticed, when the wound or sore is healing, or nearly healed. It may be produced by the irritation of a seton, an issue, the partial division of a nerve, or the inclusion of it in a ligature. — En.

† Pathol., lib. v. p. 372.

‡ Desportes, Raffencan, Fonquier, Dupuy.

§ Medical Observations and Inquiries, vol. vi.

tuted the disease itself. "It was observed," says he, "at the same time and in the same hospital, with the various degrees of trismus: rigid spasms of almost every muscle of the body, and violent periodical convulsions, all from similar injuries to that in which it was produced."*

GEN. I.
SPEC. VII.
Entasia tetanus.

From the complicated manner, indeed, in which tetanus shows itself, and its anomalous attack upon different sets of muscles at the same time, it seems in many instances to put all the subordinate divisions of classification at defiance. It is, in truth, for the most part, a mixed disease, affecting various and opposite sets of muscles; and this in many cases so equally, that the spastic action of the flexors, just balancing that of the extensors, "the patient," to adopt the language of Dr. Lionel Clarke, "seems often to be braced between opposite contractions." It is to this form, indeed, that this last very intelligent writer has limited the name of tetanus, as that to which it applies most emphatically. Like Dr. Hennen, he asserts, that he had never seen a single case of genuine emprosthotonos; and that of the other two varieties of which he treats, the opisthotonos and proper tetanus, the former occurs most frequently.†

Tetanus a peculiarly complicated affection of the muscles.

In opisthotonos, or TETANIC RECURVATION, the symptoms sometimes show themselves suddenly, but more commonly advance slowly and imperceptibly, the patient mistaking the uneasy stiffness, which he feels about the shoulders and cervical region, for a crick in the neck, produced by cold and rheumatism. The stiffness, however, increasing, he finds it impossible to turn his head on either side without turning his body: he cannot open his jaws without pain, and he has some difficulty in swallowing. A spastic and aching traction now suddenly darts at times towards the ensiform cartilage, and thence strikes through to the back, augmenting all the previous symptoms to such a degree, that the patient is no longer able to support himself, and is compelled to take to his bed. The pathognomonic symptom in this variety is the spasm under the sternum, which is perpetually increasing in vehemence; and instead of returning, as at first, once in two or three hours, returns now every ten or fifteen minutes. Immediately after which all the host of concomitant contractions renew their violence, and with additional severity: the head is forcibly retracted, and the jaws snap with a fixation that rarely allows them to be afterwards opened wide enough to admit the little finger. This vehemence of paroxysm may not, perhaps, last longer than for a few minutes or even seconds; but the spastic action prevails so considerably, even through the intervals, that it is difficult for an attendant to bend the contorted limbs into any thing like an easy or reclined position.‡ The breathing is quick and laborious;

Tetanic recurvation.

Description.

* Military Surgery, p. 247. 8vo. Edin. 1820.

† According to Baron Larrey, who had extensive opportunities of seeing tetanus, while he was serving with the French army in Egypt, it appears that, in that country, when the wound was in the back, tetanus commonly assumed the form of opisthotonos; but, if the wound happened to be in the anterior part of the trunk, and tetanus followed, the latter was generally in the shape of emprosthotonos. Sir Gilbert Blane published two cases, where the side of the body, on which the local injury was situated, became the seat of tetanic disorder. — Ed.

‡ One symptom, very characteristic of the disease, is the pain at the serobiculus cordis. As Dr. Elliotson observes in his invaluable Lectures on the Practice of

GEN. I.
SPEC. VII.
Entasia tetanus.

Both thigh
bones have been
broken from the
violent contrac-
tion of the
flexor muscles.

and the pulse, though calmer and less hurried, small and irregular. The face is sometimes pale, but oftener flushed; the tongue stiff and torpid, but not much furred; the whole countenance evinces the most marked signs of deep distress; and swallowing is pertinaciously abstained from, as accompanied with great difficulty, and often producing a sudden renewal of the paroxysms. The last stage of the disease is truly pitiable. The spasms return every minute, and scarcely allow a moment's remission. The anterior muscles join in the spastic action; but the power of the posterior is still dominant; and hence, while every organ is literally on the rack from the severity of the antagonism, the spine is more strongly recurvated than ever, and forms an arch over the bed, so that the patient rests only on the back part of the head and on the heels. During the exacerbation of the spasms, the lower extremities, even while they continue rigid, are so violently jerked, that the utmost attention is necessary to prevent the patient from being projected from his bed: and Desportes gives a case, in which both the thigh bones were broken from the violent contraction of the flexor muscles during a momentary remission of the extensors*; similar results to which we shall have occasion to notice hereafter.

The tongue is in like manner darted spasmodically out of the mouth, and the teeth snapped suddenly and with great force; so that unless a spoon covered with soft rags, or some other intervening substance, is introduced between the teeth at such periods, the tongue must be miserably bitten and lacerated.† The exertion is so laborious, that the patient sweats as in a hot bath; and the heat has in some instances been raised to 110° Fahrenheit. The pulse is at this time small and irregular; the heart throbs so violently that its palpitations may be seen; the eyes are sometimes watery and languid, but more commonly rigid and immovable in their sockets; the nostrils are drawn upward, and the cheeks backward towards the ears, so that the whole countenance assumes the air of a cynic spasm or sardonic grin, while a limpid or bloody froth bubbles from the lips. There is sometimes delirium, but this is not common: the patient is worn out under this laborious agony in a few hours; though more usually a general convulsion comes to his relief, and he sinks suddenly under its assault.

Erect tetanus.

In the ERECT TETANUS, in which there is a balance of spastic

Medicine, it is a pain not increased by pressure, but a sudden, violent, sharp, stabbing pain; it may be more or less constant, but at periods it is exceedingly severe. Then the spasmodic rigidity of the muscles is constant, not convulsive; not a spasm alternating with relaxation. The peculiar posture into which the body is drawn in opisthotonos, emprosthotonos, and pleurosthotonos, and the closed, or nearly closed, state of the jaw in trismus, without any inflammation, or any organic disease near the part to account for such closure, are all so many circumstances throwing light on the diagnosis. There is no terror in this disease, no excitement of mind, no morbid corporeal sensibility, no fear of noise, light, a current of air, &c., as in hydrophobia. — ED.

* Hist. des Maladies de St. Domingue, II. p. 171.

† The muscles of the fingers are observed to remain unaffected, even in the latest stage of the disorder. Sometimes, but not invariably, the sphincter ani is so violently contracted, that it is difficult to administer a clyster. — ED.

action between the anterior and posterior sets of muscles, the progress of the disease is not essentially different. The march of the spastic action, however, varies in some degree, as we have already observed, in almost every instance from trismus to tetanus, and from one modification of tetanus to another: yet the course we have now described, is that which chiefly takes place where the disease advances in something of a regular and uninterrupted progress. Its danger and duration are commonly to be estimated from the degree of violence of the incursion. Where this is very severe, the patient rarely survives the third day, and is sometimes cut off on the second, or even in six and thirty or four and twenty hours. But, where the attack is less acute, the patient may continue to suffer for a week before he reaches his tragic termination. If he have strength enough to survive the ninth day, he commonly recovers; for the paroxysms diminish in violence, the intervals of remission are longer, and the muscles being generally more relaxed, he is able to take a little nourishment. Through the whole period, there is an obstinate costiveness, partly from want of food in the stomach, but chiefly from an association of the mouths of the intestinal excrements in the spasmodic constriction.*

The general principle of cure is far more easily expressed than carried into execution. It is that of taking off the local irritation, wherever such exists, and of tranquillising the nervous erethism of the entire system. The first of these two objects is of great importance in the locked-jaw or trismus of infants; for by removing the viscid and acrimonious meconium, or whatever other irritant is lodged in the stomach or bowels, we can sometimes effect a speedy cure without any other medicine. Castor oil is by far the best aperient on this occasion, and it may be given both by the mouth and in injections. But, if this do not succeed, we should have recourse to powerful anodynes; and of these the best by far is opium, which should be administered from three to five drops in a dose, according to the age of the patient. Musk and the host of antispasmodics have been tried so often with so little success, that it is not worth while to put the smallest dependence upon them; nor has the warm or cold bath produced effects sufficiently general or decisive to allow us to lose any time in trusting to their operation. They may be employed, however, as auxiliaries; but our sheet anchor must be opium, which, if the spastic action have made much advance when we first see the patient, should instantly be employed in conjunction with the prescribed aperient. By taking off the constriction from the intestinal canal, and thus restoring and quickening the peristaltic motion, it may even expedite the dejections.

In trismus or tetanus from wounds or sores, the local irritation is not so easily subdued; nor is its removal of so much importance, though in no case of small moment. But, generally speaking, the

GEN. I.
SPEC. VII.
Entasia tetanus.

Description.
Spastic action considerably varies.

Prognostics.

General principle of cure two-fold: to take off local irritation, and tranquillise the general erethism of the system.

The first of great importance in the locked-jaw of infants.

Modes of accomplishing this object.

Treatment of trismus or tetanus from wounds or sores.

* If tetanus arise from a wound, the result is generally fatal. It is an observation made by Dr. Parry, that, in tetanus, if the pulse be not above 100 or 110 on the fourth or fifth day of the attack, the patient mostly recovers; but that when the pulse is quicker than this in the early stages, the issue is commonly unfortunate. The danger generally lessens in proportion to the protracted duration of the disorder — ED.

GEN. I.

SPEC. VII.

Entasia tetanus.

Spastic action here as much dependent upon constitutional as topical irritability: and hence often continues after the latter has ceased.

Hence the great difficulty of prognosis.

spastic action is, in these instances, as much dependent upon constitutional, as upon topical irritability, and when it has been once excited it will run through its career, whether the local cause continue or not. It is owing chiefly to this fact, that the best and most active plan of cure so often fails of success; and the most cautious practitioners hesitate in their prognostications, whatever be the march of symptoms, for the first four or five days. "From the state of the pulse," says Dr. Hennen, "I have derived no clue to either the proper treatment or the probable event: it has, in the cases I have met with, been astonishingly unaffected. From the state of the skin, I have been left equally in the dark. Sweating, which some have imagined critical, I have seen during the whole course of the disease, and attended with the most pungent and peculiar smell; while, in others, it has never appeared at all: and suppuration, which is generally interrupted, I have seen continue unaffected by the spasms. Even the process of healing, which, it would be reasonable to conclude, should be altogether put a stop to, has gone on apparently uninfluenced by the disease: and in the most severe case I ever saw, which occurred after a shoulder-joint amputation, sent into Elvas from before the lines of Badajos, the life of the patient and the perfect healing of the wound were terminated on the same day." So powerfully does the constitutional irritability operate in many cases after the disease has once displayed its hideous features, and render the local treatment of subordinate importance.

Local improvement, however, often highly favourable; and hence at all times an object of pursuit. How to be attempted.

Needle puncturing.

Strychnine.

Amputation a clumsy and desperate remedy even when successful.

In numerous instances, however, a change in the condition of the wound has produced a beneficial result; and hence various means have been resorted to for the purpose of effecting such a change, as local bleeding, anodyne applications to allay the morbid sensibility, resinous, terebinthinate, or mercurial stimulants to excite a new action, and amputation of the diseased limb. The first of these three plans is the ordinary mode of practice, and in full plethoric habits it has sometimes proved favourable; the second plan seems to have been very generally employed by Baron Larrey, who occasionally used stimulants of a far higher power, as penciling the wound with lunar caustic, or an application of the actual cautery. It is upon this principle of counter-irritation that advantage has sometimes been derived from needle-puncturing, of which the periodical journals have lately furnished us with various examples*; and, by the French pathologists, from an employment of strychnine or the active alkaline part of *nux vomica*, where the disease has not been primarily induced by this irritant.† Amputation seems to have answered in a few cases, if we may give full credit to those who have chiefly tried and recommended it‡; but it is at best a clumsy and desperate kind of remedy; and, for reasons

* London Med. Repos, vol. xx. p. 403. Case furnished by Mr. Finch.

† M. Coze, *Remarques sur la Nux Vomique*, &c.

‡ Silvester, *Med. Obs. and Inq.* i. art. i. White, *Med. Obs. and Inq.* ii. art. xxxiv. Mr. Liston amputated in a case of tetanus from laceration of a branch of the median nerve distributed to the thumb; but though partial relief followed, the patient died. After the operation, it was wished to let the stump bleed for a time; but not more than eight ounces of blood could be thus obtained, and only one vessel was tied. "Could this arise," says Mr. Liston, "from the coats of the vessels partaking in some measure of the general rigidity and contraction?" See *Edin. Med. Journ.*, No. lxxix. p. 292. — Ed.

already assigned, must be often altogether inefficient if it do not add to the constitutional crethism.

The general treatment has consisted in a free use of opium, salivation, the hot or cold bath, and wine or ardent spirits, in some instances so far as to produce intoxication. Dr. Cross gives a case in which, after other medicines had been used in vain, and every hope seemed to fail, the patient was inebriated with spirits, and kept in this state for ten days, with the result of a perfect recovery.* A generous use of wine appears to be almost indispensable, and, considering the ordinary constitution in which the disease occurs, the difficulty of supporting the system by common means, and the great sensorial exhaustion which is perpetually taking place, it is far from difficult to explain in what manner it operates beneficially: but intoxication is a frantic experiment, and, where it succeeds once, we have reason to apprehend it would kill in a hundred instances.

The warm and the cold bath have each of them a much better claim to attention; and their votaries are so equally divided, that it is no easy matter to say which is most strongly recommended. The latter demands more general strength in the system, than the former; but neither of them is to be depended upon except as an auxiliary. The cold bath has the authority of Dr. Lind in its favour†, and has in some instances been tried with success in America.‡

Mercury, in various forms, has been had recourse to from a very early period; and, on the authority of Dr. Stoll, has occasionally been used for the purpose of exciting salivation. On what ground it has been carried to this extent, I do not know, except it be that a pretty free flow of saliva from the mouth spontaneously has, by many persons, been regarded as a favourable sign. The disease, however, does not seem to be accompanied with any symptom that can be called critical; and it is hence probable, that this spontaneous flow of saliva is nothing more than a result of the violent action and alternating relaxation of all the parts about the fauces. Nevertheless, salivation, where it has been accomplished, is said by many writers to have been serviceable, though I know of no practitioner who has relied on it alone. And, in reality, such is the rapidity, with which both trismus and tetanus usually march forward, where they have once taken a hold on the system, that we have seldom time to avail ourselves of this mode of cure, were its pretensions still more decisive than they seem to be. It is most successfully employed after copious venesection, and in conjunction with opium.

Opium, indeed, in every stage and every variety of both tetanus and locked-jaw, is the remedy on which we are to place our chief, if not our only, dependence; but to give it a full chance of success it should be administered in very free doses, and it is not easy for us to be too free in its use. In the Edinburgh Medical Commentaries§ we have a case, in which five hundred grains were taken within seventeen days, which is about thirty grains a day: and in

GEN. I.
SPEC. VII.
Entasietetanus.
Treatment.
Constitutional
treatment.
Disease has
been cured by
intoxication.
An exciting
state of regi-
men almost
indispensable:

but intoxication
a desperate
experiment.
Warm and
cold bathing.

Mercury em-
ployed so as to
excite saliv-
ation.

Opium chiefly
to be depended
upon in every
stage and
modification:
to be given in
very free doses.
Exemplified.

* Thomson's Annals of Philosophy.

† Essay on Diseases in Hot Climates, p. 257.

‡ Tallman, Amer. Phil. Trans., i. xxi. Cochran, Edin. Med. Com., vol. iii. p. 183.

§ Vol. i. p. 88.

GEN. I.
SPEC. VII.
Entasia tetanus.
Treatment.

the Edinburgh Journal * another case, in which, after smaller doses along with calomel, the practitioner at last gave a drachm of solid opium at one time. This, however, proved too high a dose; for the induced stupor was accompanied with very laborious respiration, and nearly an extinction of the pulse, and the patient was obliged to be roused by stimulants. He recovered ultimately. Yet, in the West Indies, opium is often carried with the most beneficial effects to as great an extent as this, though not at once. Thus Dr. Gloster of St. John's, Antigua, gave to a negro, labouring under tetanus from an exposure to the night air, not less than twenty grains every three hours, in conjunction with musk, cinnamon, and other medicines; and continued it with but little abatement for a term of seventeen days, in the course of which the patient took five hundred grains of this narcotic. For the first six days, little benefit seemed to be effected; but after this period the symptoms gradually declined under the same perseverance in the medicine, and, in thirteen days more, they were so much diminished that no further assistance was thought necessary.†

Opium in
union with
sudorifics:
especially
ipecacuan: as
given by La-
tham.

If there be any thing which adds to the sedative power of opium in this disease, it is sudorifics, and particularly ipecacuan. And upon this subject, Dr. Latham has given a valuable paper in the Medical Transactions, in which he offers examples of failure in the use of James's powder, when used either alone or in alternation with opium; but of full success by uniting the two powers of the narcotic and the sudorific, though he afterwards preferred ipecacuan to James's powder, and prescribed it in the form of the compound powder of this name. He gives cases in which he employed this compound in very severe attacks, and sometimes in what seemed to be its last stage of the disease, with an immediate arrest of its symptoms, and progressively a perfect restoration to health. His doses consisted of ten grains repeated every three or four hours. In no instance was there any unusual inclination to sleep, how long soever this treatment was continued, which, in one case, was for a fortnight; nor was there any degree of sickness, nor any other inconvenience, except that of a perspiration, troublesome from its excess.‡

Proper venti-
lation of essen-
tial importance.

It is only necessary to observe further, that, during the treatment either of trismus or tetanus, a very particular attention should be paid to ventilate the chamber with pure air; and especially to purify the air of close and crowded hospitals, without which no plan of treatment in the world can be of any avail. We should also remove, if possible, the costiveness, to which the bowels are so peculiarly subject, by some gentle aperient: for it sometimes happens, not only in infantile trismus or tetanus, but in that from obstructed perspiration, or cold and dampness, that the primary cause of irritation is seated in the bowels; while, whatever accumulation takes place in this quarter, during the course of the disease, may

The bowels to
be relieved of
costiveness by
gentle aper-
ients:

* Edin. Med. and Surg. Journ., No. lxxi. Mr. Barr's case.

† In the West Indies one hundred drops of laudanum are sometimes given as the first dose, and repeated every two hours, with an addition of one third to every succeeding dose. This plan is combined with the free use of mercury, an allowance of wine and ardent spirits, the employment of the warm bath, and attention to remove constipation. Dr. Morrison has given a favourable report of the effect of this practice, even in traumatic tetanus. — Ed.

‡ Med. Transact., vol. iv. art. iv.

add to and exacerbate the general erethism. At the same time, nothing can be more mischievous than the drastic purges which practitioners are apt to give at the commencement of this disease, consisting of jalap, scammony, and aloes. We have already seen, that the general excitement is so extreme, that the slightest occasional irritation, even that of changing the position of the head, is sometimes sufficient to produce a return of the spasms; and hence there can be nothing more likely to do it, than the griping effects of such medicines. And it will be far safer to pass by the constipation altogether, than to attempt to remove it by such dangerous means. The best medicine is castor oil, which may be given either by the mouth or in the form of injections; and if this do not succeed, we may employ calomel. But the action of the bowels must only be solicited, and by no means violently excited.*

GEN. I.
SPEC. VII.
Entasia tetanus.
Treatment.
but drastic
purges highly
mischievous.
Explained.

* The editor freely confesses, that he does not participate in the author's aversion to the employment of strong purgatives in tetanus. While Dr. Good condemns them, we find some other physicians prescribing them in extraordinary doses, and with decided success. Thus, in an example under Mr. Manifold, of Liverpool, on which Dr. Briggs has offered some reflections, half a drachm of calomel, as much scammony, and fifteen grains of gamboge, were given in one dose, followed by a clyster of half an ounce of turpentine, and two drachms of aloes. As these powerful means had produced no effect, two drops of the oil of croton in a little treacle were given in the evening, and at the same time a clyster of four ounces of the sulphate of magnesia in a pint of infusion of senna. In less than an hour afterwards a black stool was voided, and relief immediately experienced from the evacuation. By continuing the same active remedies, a cure was effected. (See Edin. Med. Journ., No. lxxxv. p. 277.) Indeed, the oil of croton, owing to its great efficiency in procuring stools, promises to be a most valuable medicine in tetanus. Dr. Briggs even maintains, in direct opposition to Dr. Good, that the principle on which the utility of purgatives rests in this disorder, is that of *counter-irritation* on the bowels; a theory which we need not investigate too deeply, provided the practice be found to answer.

Dr. Good describes opium as the sheet-anchor in the treatment; yet, in almost every case, in which the editor has seen this medicine used as the chief or only one, the disease proved fatal.

Our author has not delivered any opinion with regard to venesection as a means of relieving tetanus. Sir Astley Cooper has found it hurtful; and the editor of this work has seen some cases in which he thought that the patient's chances of recovery were rendered worse by it. Dr. Elliotson states, that bleeding is not at all useful, unless the wound is inflamed, or there is some decided internal inflammation present, or the patient is in a state of plethora.

In consequence of many practitioners suspecting tetanus to be dependent upon inflammation of the spinal marrow or its coverings, they have had recourse to blistering the skin in the track of the vertebral column. The efficiency of the plan is far from being well proved.

One remedy for tetanus, in favour of which we have now many facts recorded, is tobacco. Two examples of its efficiency are detailed by Dr. Anderson, of Port Spain, Trinidad. He fomented the jaws, throat, and chest frequently with a strong decoction of this plant, and applied cataplasms of the boiled leaves to the lower jaw and throat. The patient was also put into a warm bath, impregnated with tobacco, every three hours, and had a clyster of the decoction administered to him twice in twenty-four hours. Purgatives, consisting of gamboge, calomel, and ol ricini, were likewise employed. (See Edin. Med. Chir. Trans., vol. i. p. 187.) An earlier paper, particularly in recommendation of tobacco and the purgative practice, is that of Mr. O'Beirne, who adverts to various opinions and facts communicated on this subject by other previous writers. (See Dublin Hospital Reports, vol. iii. p. 343., &c.) From the share, which the state of the medulla spinalis is sometimes conceived to have in the production of the disease, the practice of applying a blister the whole length of the spine has been derived. Dr. Reid is an advocate for this practice and powerful cathartics. (See Trans. of Physicians of King's and Queen's College, vol. i. p. 122.) Oil of turpentine is another valuable medicine in tetanus. It is given

SPECIES VIII. ENTASIA LYSSA.

RABIES.

SPASMODIC CONSTRICTION OF THE MUSCLES OF THE CHEST;
SUPERVENING TO THE BITE OF A RABID ANIMAL; USUALLY
PRECEDED BY A RETURN OF PAIN AND INFLAMMATION IN
THE BITTEN PART: GREAT RESTLESSNESS, HORROR, AND
HURRY OF MIND.

GEN. I.
SPEC. VIII.

Antiquity of
the specific
name and of
the disease
itself.

Noticed re-
peatedly in the
Iliad.

THE Greek term for rabies was LYSSA: and the antiquity of the disease is sufficiently established from its being referred to several times under this name by Homer in his Iliad, who is perpetually making his Grecian heroes compare Hector to a mad dog, *λύσσα λυσσητήρα*, which is the term used by Teucer; while Ulysses, speaking of him to Achilles, says,

——— κρατερὴ δέ ἐ λυ΄σσα δέδουκεν.*
So with a furious LYSSA was he stung.

by the mouth, and in clysters. The facts in its favour are numerous. It operates with excellent effect on the bowels. Prussic acid and belladonna have been tried in tetanus, and found to do no good.

In consequence of the benefit which Dr. Elliotson had seen the carbonate of iron produce in some examples of St. Vitus's dance, another spasmodic disease, he determined to try it in tetanus; and the account which he has published of the results of some cases, which fell under his own observation, and of others which occurred in the West Indies, certainly encourages the hope, that this medicine will be a valuable one in the present disorder. The editor has tried it only in one case of traumatic tetanus, but in that it did not succeed: indeed, the trial was not a fair one, because commenced in too advanced a stage of the disease.

Whether veratria would prove serviceable, as a means of relieving tetanus, is a point which may deserve farther investigation. Its external use seems to have great power in mitigating and curing neuralgia, and other nervous affections. From \mathfrak{Dj} . to \mathfrak{Eij} . of it may be blended with ointment, and rubbed on the painful or disordered parts. Dr. Turnbull, some months ago, mentioned to the editor several very extraordinary proofs of the power of veratria, employed in this way, in curing neuralgic diseases.

In traumatic tetanus, amputation has sometimes been practised, with the view of stopping the disorder; but the most experienced surgeons disapprove of the proceeding as useless. The plan of dividing the nerve distributed to the wounded part, has also been done with various results. One of the strongest facts in support of this practice, was published a little while ago by Dr. Murray, assistant surgeon in the Honourable East India Company's service. (See Med. Gaz., 1832-3, p. 623.) A midshipman, in the ship "James Pattison," aged fifteen, trod upon a rusty nail, which penetrated the left foot, between the metatarsal bones of the great toe and the adjoining one. After the accident the patient kept his watch, and was exposed to cold. At eight o'clock on the following morning, the symptoms of locked jaw had commenced. Under the administration of opium the disorder gained ground; Dr. Murray therefore cut down to and divided the posterior tibial nerve, about an inch behind the malleolus internus. Although the patient had not been able to speak before the operation, he immediately opened his mouth with an exclamation, and expressed that he felt himself already greatly relieved. The original wound was then dilated, and covered with a poultice containing laudanum, and the case had a favourable termination.

—ED.

* Iliad, ix, 239.

The author has ventured to restore the Greek term, not only as being more classical, but as being far more correct than the technical term of the present day, which is *hydrophobia*; or *water-dread*; since this is by no means a pathognomonic symptom; being sometimes found in other diseases; occasionally ceasing in the present, towards the close of the career; and, though almost always observable among mankind, in numerous instances wanting, even from the commencement, in rabid dogs, wolves, and other animals. “*Constat repetitâ,*” says Sauvages, “*apud Gallo-provinciales experientiâ, canes luposque rabidos bibisse, manducasse, flumen transisse, ut olim Marologii, et bis Forolivii observatum, adeoque nec cibum nec potum aversari.*” The same fact is affirmed of rabid wolves, in a case given by Tre-court in his *Chirurgical Memoirs and Observations*. Dr. James in like manner relates the case of a mad dog, that both drank milk and swam through a piece of water*; and one or two similar cases are said to have occurred among mankind†; though even here a spasmodic constriction of the muscles of the chest, and sometimes of the throat, seems to have been present. Dr. Vaughan, indeed, gives the case of a patient who called for drink through the whole course of the disease, and only ceased to ask for it a short time before his death.

I have occasionally met, on the contrary, with a few obstinate cases of hydrophobia, or water-dread, without any connection with rabies: one especially in a young lady of nineteen years of age, of a highly nervous temperament, which was preceded by a very severe toothach and catarrh. The muscles of the throat had no constriction, except on the approach of liquids, and the patient, through the whole of the disease, which lasted a week, was able to swallow solids without difficulty; but, the moment any kind of liquid was brought to her, a strong spastic action took place, and all the muscles about the throat were violently convulsed if she attempted to swallow.

Similar examples are to be found in Battini, Dumas, Alibert, and several of the medical records, and particularly one of great obstinacy in the *Edinburgh Medical Essays*, which was chiefly relieved by repeated venesections‡, as the preceding case was by large doses of opium. Hydrophobia is therefore too general and indefinite a term to characterise the genus before us, unless we mean to include under it diseases to which it is by no means commonly applied, and which, in truth, have little connection with rabies. Hunauld has, indeed, employed it in this extensive signification, and has hence made it embrace no less than seven distinct species, of which

GEN. I.
SPEC. VIII.
Entasia lyssa.
Lyssa preferable to hydrophobia, its common synonym, and why.
Hydrophobia not a constant symptom: being frequently absent in quadrupeds:

and said to be sometimes absent in mankind.

Hydrophobia sometimes found without rabies.

Exemplified.

* On Canine Madness, p. 10.

† Fehr. *Nachricht von einer tödlichen Krankheit nach dem tollen Hundsbisse*. Gött. 1790. 8vo. In a case published by Dr. Satterley, the patient had fits of biting, and between these he was perfectly well — even took warm fluids, and had a sound sleep. It seems, then, as if the disease may be attended with a decided remission. Dr. Elliotson had a patient with this disorder, who, to please him, would wash his hands, stir the water about, and play with it. In the *Medical and Surgical Journal*, vol. v. p. 497., is a case related by Dr. Macrorie of Liverpool, in which so marked an amendment took place, that the patient became almost free from the dread of swallowing liquids, and took coffee without difficulty. — Ed.

‡ Inflammation of the Stomach, with Hydrophobia, &c. by Dr. J. Innes. *Ed. Med. Ess.* i. p. 227.

GEN. I.
SPEC. VIII.
Entasia lyssa.

Pathology difficult, and evaded by most writers, and especially Cullen.

An outline attempted by the present author.

Close analogy of lyssa with trismus and tetanus in its mischief, and in the nature of its cause.

Law by which the extremities of a continuous chain of functions or fibres suffer equally at their extremities, often laid down, and here again appealed to.

This law appealed to in illustration of trismus and tetanus ;

and equally applicable to lyssa, which, for various reasons, may be supposed capable of producing a more fatal disease.

two only are irremediable * ; and Swediaur has followed his example. †

There is, even in the present day, so little satisfactorily known, and so few opportunities of acquiring any practical knowledge concerning the general nature and pathology of rabies, that it might, perhaps, be most prudent to imitate the example of modesty which Dr. Cullen has set us upon this subject, and to let it pass without a single remark. Yet the following hints, derived from the only three cases in which the author has ever been consulted, compared with the larger range of observation and practice of a few other physicians, and especially the valuable work of Professor Trollet of Lyons, together with the reflections to which they have given rise in his own mind, may afford a little glimmering light into the principle of the disease, and give an opportunity to succeeding pathologists of describing it more perspicuously.

The symptoms enumerated in the definition, and especially the constrictive spasm that oppresses the muscles of deglutition and of the chest generally, sufficiently show, that the present species of disease bears a very close analogy to the two preceding, in the mischief which it excites ; and as by far the most frequent cause of the two preceding species is the irritation of a wound or puncture on the surface of the body, it bears quite as close an analogy to them in the nature of its cause as in that of its effects.

We have seen it to be a law, operating throughout the animal system, that if a morbid action commences in any part whatever of a continuous chain of functions, or of fibres, it often produces a peculiar impression upon its extremities ; so that the extremities themselves form, in many instances, the chief seat of distress, and even of danger ; and this more especially where the one extremity of the chain becomes affected in consequence of the primary affection of the other. And we have also endeavoured to show, from the general course and intermediate connections of the nerves which supply the surface of the body, and particularly the extremities, that they constitute a direct fibrous chain, of which those that are, in all common cases, primarily irritated by wounds or punctures in the spastic diseases before us, form the one extremity, and those which enter into the muscles of the upper regions of the chest and the cheeks the other. ‡ It is not necessary, therefore, to travel over the same ground again ; the reader may turn to it at his leisure : and he will find that we have hence endeavoured to trace out something of the means by which trismus and tetanus are produced by simple wounds or punctures in the limbs, and especially in an irritable habit.

Now, if the reasoning be sound, as applied to trismus and tetanus, it must be equally good, as applied to lyssa ; and will induce us to expect a more complicated disease, and a still more severe and desperate result : as we have, in the present instance, not merely an ordinary and mechanical, but a specific and chemical source of irritation to encounter, and so indecomposable in its nature, that it is capable of lurking in the system, and apparently in the part where it may chance to be deposited, for weeks or even months,

* Discours sur la Rage, et ses Remèdes. Chateau-Gontier, 1714, 12mo.

† Nov. Nosol. Meth. Syst., vol. i. p. 511.

‡ See the preceding Species, ad init.

without losing its activity; of continuing dormant, if there be no sufficient irritability of constitution or nervous fibre for it to operate upon, and of operating as soon as such a condition may arrive: for that some exciting cause is usually necessary to rouse it into action, will sufficiently appear in the sequel of this enquiry. Sir Lucas Pepys, however, Dr. Bardsley, and various other writers, have made it a question, whether the virus of rabies is ever originated, or produced spontaneously, or in any other way maintained, than by a direct communication from one animal to another; while M. Girard, of Lyons, has denied that there is any such thing at all, and contended that rabies consists in nothing more than an acute degree of local irritation, and its effects on a highly mobile and excitable constitution. We have long, however, had various examples on record, and have recently been furnished with another by Mr. Gillman, in which a dog, chained up in a yard, and cut off from all medium of contamination with other animals, has occasionally been attacked with genuine lyssa, and exhibited its most decisive characters. Professor Trollet, whose extensive experience I shall soon have occasion to advert to more minutely, while he has no doubt of its occasional spontaneous origin, limits its appearance in this form to the dog, the wolf, the fox, and the cat, believing that all other animals only receive it from the one or the other of these by inoculation.*

Nevertheless, whilst we are thus establishing that the symptoms of rabies are dependent upon a specific virus, it may not be foreign to remark, that most animals, when roused to a high degree of rage, inflict a wound of a much more irritable kind than when in a state of tranquillity: and we have numerous examples in which such wound has been very difficult of cure, and not a few in which it has proved fatal; as though at all times, under such a state of excitement, some peculiar acrimony were secreted with the saliva. In the *Ephmera of Natural Curiosities* is an example of symptoms of hydrophobia or water-dread, produced by the bite of a man worked up into fury†; and in the *Leipsic Acta Eruditorum* is another instance of the same kind‡, though neither of them seems to have been fatal. Meekren§, however, Wolff||, and Zacutus Lusitanus¶ have each an instance of such a bite terminating in death, yet without hydrophobia. Le Cat gives a case of death produced by the bite of an enraged duck**; and, in a German miscellany of deserved repute, we have another of the same kind.†† The instances, indeed, are innumerable; but it may be sufficient to observe further, that Thiermayer gives us two cases; one, in which the bite of a hen, and another, in which that of a goose, proved fatal on or about the third day‡‡, without hydrophobia; and that Camerarius has an instance of epilepsy produced by the bite of a horse.§§

GEN. I.
SPEC. VIII.
Entasia lyssa.

Whether the disease be ever spontaneous.

Denied by many.

Girard of Lyons.

Proofs of a spontaneous origin.

This principle limited by Trollet.

Yet in most animals a wound inflicted during rage, much more irritable than during tranquillity;

as though some peculiar acrimony were secreted.

Exemplified in other animals.

In which it proved fatal, but without hydrophobia.

* Nouveau Traité de la Rage; Observations Cliniques, Recherches d'Anatomie Pathologique, et Doctrine de cette Maladie. 8vo. Lyon, 1820.

† Ann. ix. x. App. p. 249.

‡ Ann. 1702, p. 147.

§ Observ., cap. LXVII.

|| Observ. Med. Chir., lib. II. N. 5.

¶ Prax. Admir., lib. III. obs. 84. 88.

** Recueil Périodique, II. p. 90.

†† Samml. Med. Wahrnehm., b. II. p. 98.

‡‡ In Goekelii Consil. et Obs., N. 19.

§§ Diss. de Epileps. freq., p. 15. No doubt many of the cases here adverted to were of the nature of traumatic tetanus. At the present day, medical practitioners are less likely to confound other nervous diseases with hydrophobia. If

GEN. I.

SPEC. VIII.

Entasia lyssa.

These statements to be accredited rather than impugned. Hence rage has a peculiar influence on the salivary glands, and excites the secretion of an acrimonious virus.

But the virus of rabies is peculiar to itself.

The only animals known to originate it are of the canine and feline kinds, though probably the power belongs to others.

Man asserted to have a like power: but the cases alluded to are those of strongly excited passions in an irritable habit.

Remote or predisposing causes unknown.

Various incidents suspected, but without sufficient authority.

Illustrated.

Marvellous as these facts may appear, it is more consistent with reason to accredit them, than to impugn the host of authorities to whose testimony they appeal. And unless tetanus were mistaken for hydrophobia, an error that no doubt has frequently happened, it follows, that the passion of rage, whose influence is always considerable on the salivary glands, has often a power of stimulating them, among most animals, to the secretion of a malignant virus, with which the saliva becomes tainted.

Rabies, however, has sufficiently shown itself to be dependent upon a peculiar virus, and capable of producing specific effects; to be sometimes originated, and sometimes received by communication. Now the only animals, which have hitherto been ascertained to have a power of originating it are, as just observed, several species of the genus *canis*, as the dog, fox, and wolf, and one species of the genus *felis*, which is the domestic cat. It is probable, however, that there are others belonging to different classes endowed with a like power; and some writers have attempted to bring instances from the horse, mule, ass, ox, and hog, yet they are not instances to be depended upon. In like manner, Plater, Doppert, and even Sauvages himself, have asserted the same of mankind, and have brought forward a few casual cases in support of such assertion. These, however, are, in every instance, modifications of *empathema*, and especially of rage or fright, grafted on a highly irritable temperament, and hence associated with hysterical, or some other spasmodic motions.

Of the remote or predisposing causes of this disease, we know nothing. The excitement of vehement rage, putrid food, long continued thirst from a want of water to quench it, severe and pinching hunger, a hot and sultry state, or some other intemperament of the atmosphere, have been, in turn, appealed to as probable predisponents; but the appeal in no instance rests on any authority. That the stimulus of vehement rage will often produce a peculiar influence affecting the saliva, and rendering it capable, by a bite, of exciting the most alarming symptoms of nervous irritation, may not be impossible; but these symptoms are not those of *lyssa*; and the virus, whatever it consists in, appears to be of a different kind. Putridity is, perhaps, the ordinary state in which dogs and cats obtain the offal, on which, for the most part, they feed: they show no disgust to it, and it offers a cause far too general for the purpose. In long voyages, again, when a crew has been without water, and reduced to short provisions, dogs have been, in innumerable instances, known to die both of thirst and hunger, without betraying any signs of genuine rabies. That a peculiar intemperament of the atmosphere may at times

the case be a spurious one, the difficulty in swallowing generally comes on too early after the bite. In true hydrophobia, a certain period, usually some weeks, elapses between the bite and the commencement of the disease. One great feature of the complaint is a sudden and deep inspiration, with which the patient is frequently affected, the diaphragm all at once descending, as it does when a person first enters a cold bath. The patient also generally sighs a good deal, and is severely agitated by the impression of cold air, the glare of a mirror, the noise of a pump, the sound of water, and other circumstances, which do not commonly disturb, in any remarkable degree, persons who are labouring under some tetanic or nervous difficulty of swallowing. — Ed.

be a cause, it is impossible to deny; but the disease, even when of spontaneous origin, has appeared under, perhaps, every variety of meteorological change, and seems to be far less common in hot and tropical regions, than in those of a more moderate temperature: for it is not known, except by report, in South America, though it is said to have occasionally appeared in the West Indies, as I have been repeatedly informed by intelligent residents in those quarters; while M. Volney tells us, that it is equally uncommon in Egypt and Syria, and Mr. Barrow, at the Cape of Good Hope and in the interior of the country, where the Caffrés feed their dogs on nothing but putrid meat, and this often in the highest degree of offensiveness.

It is not improbable, that several of these may occasionally become exciting causes; but it is obvious, that they are not competent of themselves to produce the disease. Some of them, indeed, have been put to a direct test, and have explicitly proved their incompetency. Thus, in the wards of the Veterinary School at Alfort, three dogs were shut up, and made the subjects of express experiments. One was fed with salted meats, and totally restrained from drinking; the second was allowed nothing but water; and the third allowed neither food nor drink of any kind. The first died on the forty-first day of the experiment, the second on the thirty-third day, and the third on the twenty-fifth; not one of them evincing the slightest symptom of rabies.

That the specific virus of rabies is less volatile and active than many other kinds of morbid poisons, is clear from the fact, that it is never found diffused in the atmosphere, so as to produce an epidemy; that it never operates on those who are most susceptible of its influence, except when accompanied with a wound or inserted into the cutis*; and that, even in this case, it usually requires in mankind, and probably also in other animals, some auxiliary excitement to enable it to carry forward the process of assimilation: for it rarely happens, that all the men or quadrupeds that are bitten by a rabid dog suffer from the inoculation. Mr. Hunter, indeed, gives an instance, in which, out of twenty persons who were bitten by the same dog, only one received the disease. This want of activity is a happy circumstance, as it affords an important interval for medical treatment, if we should ever be so fortunate as to hit upon any curative process that may be depended upon. At the same time I cannot avoid again to observe, that as this virus is less volatile than most others, it is, perhaps, less indecomposable than any of them; and hence is capable of remaining in a dormant and unaffected state, in any part of the system, into which it has been received by insertion, for a far longer period than any other known contagion whatever.† It is generally

GEN. I.
SPEC. VIII.
Entasia lyssa.

Rabies less common in torrid than in temperate climates.

Several of the above may, however, be exciting causes, but of themselves incompetent to produce the disease.

Proofs of this assertion.

The specific virus of rabies less active and volatile than many morbid poisons:

hence all that are bitten rarely suffer. Sometimes not more than one out of twenty: and hence also the long interval that usually takes place between the injury and the disease.

Virus also more indecomposable than any other; and hence capable of lying dormant for a longer period than any.

* Trollet, ubi suprâ.

† According to Sir David Barry, "The notion that the hydrophobic poison is absorbed, after the manner of other substances similarly circumstanced, but that it does not produce its peculiar effects until it has wandered through the *penetralia* of the animal for forty days or longer, is in direct opposition to all analogy. The experiments which we have witnessed with the vegetable, mineral, and reptile poisons, applied to animals externally, prove that the commencement of the symptoms is synchronous with the consummation of absorption, and that their repetition is dependent upon its renewal." (*Experimental Researches on the Influence of Atmospheric Pressure upon the Blood in the Veins, &c.* p. 151.) However,

GEN. I.
SPEC. VIII.
Entasia lyssa.

Whether the
poison becomes
concentrated
and more active
by multiplication.

No solid found-
ation for such
an opinion.

Whether capa-
ble of being
received with-
out a wound or
sore: asserted
by Heister,

and by Pal-
marius.

The effects in
these cases
accounted for
upon the com-
mon law of
the disease.

Proofs offered.

calculated, but I do not know upon what data, that of those who are exposed to the venom, about one in four matures the complaint, and the rest escape.

When the disease has once fixed itself among a large establishment of hounds, it has been said, that the poison becomes more concentrated and active, operates through an unbroken skin, and even taints the atmosphere. There is, however, no solid foundation for such an opinion; and though the disease runs rapidly from one dog to another, and it may be difficult in many cases to trace the marks of a bite, yet, considering that the smallest and most imperceptible scratch of a tooth may be a sufficient medium of infection, and that every inoculated dog adds to the sources from which it may be derived, there is no difficulty in accounting for such rapidity of spread, without ascribing anomalies to the laws by which it is regulated. Heister, indeed, has given a case of lyssa, in one of the foreign collections, produced in a man by his having merely put into his mouth the cord by which the mad dog had been confined: but as in this instance there was probably some ulceration in the mouth at the time, there is nothing marvellous in its production. Palmarius, in like manner, relates the case of a peasant who, in the last stage of the disease, communicated it to his children in kissing them and taking leave of them.* Yet, unless we could be certain that there were no cracks or other sores on the lips, and no eruption on the cheeks of these children, the example affords no proof.

I can distinctly state, that I have seen the same intercommunication successively repeated between a rabid young man and a young woman to whom he was betrothed, and who could not be restrained from such a token of affection, without any evil consequences; notwithstanding that the patient was labouring at that time under hydrophobia and all the severest marks of the disease, which destroyed him in a few hours afterwards, and had also a perpetual desire to spit his saliva about the room. M. Trollet asserts, not only that the virus will not permeate a sound skin,

although the hypothesis, rejected by Sir David Barry, is said by him to be contrary to all analogy, a somewhat similar one was adopted by John Hunter, and even now generally prevails in relation to syphilis, the constitutional effects of which follow absorption of the virus at very indeterminate periods, and in a great diversity of forms. Now this absorption is not a conjecture, but often actually proved by the occurrence of a bubo. The editor, however, merely adverts to those circumstances, in order to remind the reader that analogy is not entirely against the hypothesis of the hydrophobic poison being absorbed some time previously to the commencement of the symptoms, and not with the view of denying the correctness of Sir David Barry's conclusion. In hydrophobia it is not improbable, as this gentleman's arguments maintain, that the poison, which is afterwards to affect the constitution, is generated in the wounded part from the germ first deposited there by the tooth of the rabid animal, just as we see happen in variola, vaccinia, and lues itself. But, if the commonly received opinions of syphilis be well founded, its virus is generally absorbed, without giving rise to any immediate constitutional effects, and even is sometimes expelled again without such effects ever taking place at all. The assertion of Dr. Marochetti, that the hydrophobic poison is translated to the place on each side of the frænum of the tongue, where the submaxillary salivary ducts terminate, and where it produces vesicles or pustules, will be presently noticed. — En.

* De Morb. Contagios., p. 266. Paris, 4to. 1518.

but that it is only contained in the frothy matter communicated from the lips; and that neither the blood, nor the secretions of any kind are tainted with it, or give rise to the disease, whatever scratch or other injury may be received during dissection.

It has, still farther, been doubted whether the virus itself is capable of propagation from the human subject to any animal, even by inoculation: but a bold experiment of M. Magendie and M. Breschet has completely settled this question; for on June 19. 1813, having collected upon a piece of linen a portion of the saliva of a rabid man in the last stage of the disease, they inserted it under the skin of two dogs that were in waiting, both of them in good health; of which one became rabid on the 27th of July, and bit two others, one of which also fell a victim to the disease just a month afterwards.

The general aggregate of the symptoms point forcibly to the nervous system as the immediate quarter of disturbance. Such was the opinion of Morgagni, Cullen, Percival, and Marcet; and such indeed is the common opinion of the present day. By many writers, however, the effects have been rather referred to the sanguiferous system, and regarded as a fever: Mangor describes it as a continued fever*, and Rush and many others as an inflammatory affection; Bader as a fever *sui generis*.† Nor is the difficulty in the least degree removed by dissection, for nothing can be more at variance than the appearances in different cases. Generally speaking, the fauces and parts adjoining exhibit redness and inflammatory characters. But while in some instances these are so considerable as to be on the point of gangrene, in others there is no inflammatory appearance whatever. Morgagni has examined and described bodies in both these states. Rolfinc gives one or two decided cases of the latter sort‡; while Ferriar notices examples, in which the inflammation of the fauces had spread over the whole œsophagus, and even the stomach§; and another writer has recorded an instance, in which it had descended to the ileum, which was in a state of gangrene.|| In some cases, the encephalon, and even the spinal marrow, have appeared to be as much diseased as the fauces; the vessels turgid; the plexus choroides blackish; the ventricles loaded with water: though, in the cases examined by M. Magendie, which were confined to dogs, there was no appearance of inflammation either in the brain or spine. Sometimes the lungs have been inflamed; sometimes the liver; sometimes the vagina; while the blood, according to Sauvages, has been also found in a dissolved state, and, according to Morgagni, in a state highly tenacious and coagulable. From all which we can only conclude that, owing to the violence of the disease, every organ is greatly disturbed, and those the most so that in particular cases are most severely affected. Riedel asserts that, among dogs, a highly offensive fetor of a peculiar character is thrown forth from every part of the body¶: but I have not found this remark confirmed by the veterinary practitioners of our own country; and it certainly does not apply to mankind, with

GEN. I.
SPEC. VIII.
Entasia lyssa.

Has been some times denied that the virus can be propagated in any way from the human subject

Contradicted by experiments of Magendie and Breschet.

Nervous system the immediate quarter of disturbance: but the effects referred by some writers to the sanguiferous system, and regarded as a fever or an inflammation. Question examined, and inflammatory appearances accounted for.

Sometimes no such appearances.

Whether accompanied with an offensive fetor.

* Act. Hafn. II.

† Versuch einer neuen Theorie, &c.

§ Medic. Facts and Observations, vol. i.

|| N. Act. Nat. Cur., vol. iv. obs. 20.

‡ Dissert. Anat., lib. I. cap. XII.

¶ Act. Acad. Mogunt. Erf., 1757.

GEN. I.

SPEC. VIII.

Entasia lyssa.

Seems to have been so in a few cases from some casualty, but not a general concomitant.

Hypothesis of Dessault, who derives the disease from animalcules.

Whether the local irritation proceed from a dormant seminum, or from universal excitement.

Not from the last, as it commonly precedes it, and gives rise to it.

Variation in feline rabies from canine, by which the disease seems to be rendered somewhat less malignant.

Hence two distinct forms.

an exception or two that seem to depend upon some accidental circumstances; for Wolf informs us, that in one of his patients, and a patient that ultimately recovered, the blood stunk intolerably as it was drawn from a vein; and a patient of Dr. Vaughan's complained of a most offensive smell that issued from the original wound, but of which no one was sensible except himself. In like manner, the patient described by Dr. Mareet, towards the close of the disease, complained loudly of an intolerable stench that issued from his body generally, but without being perceived by any other person.* Dissection in this case produced nothing striking.

Dessault, in his treatise on rabies, tells us that he has often met with numerous minute worms in the heads of those who have died of this disease; and he hence regards such animalcules as its cause. But this writer was a slave to the Linnéan hypothesis of invagination, and applied the same cause to syphilis, which he also supposed to be maintained by a transfer of vermicules from one individual to another: and hence proposed to treat syphilis, lyssa, and itch, as diseases of a like origin, with the common antidote of mercury; and gives instances of a success which no one has met with out of his own practice. The cases, however, which he describes, had not advanced to the stage of water-dread; and, in all of them, he thought it prudent to combine with his mercurial inunction cold bathing and Palmarius's antilyssie powder.

Vander Brock, and, after him, Rahn, maintain that the return of pain and inflammation to the bitten part, on the onset of the disease, does not occur from any virus which has hitherto been lying dormant there, but from the universal excitement alone. It may be observed, however, in opposition to such an opinion, that this local affection is in most instances a prelude to the general disease, and forms the punctum saliens from which it issues; as though the contagious ferment had remained dormant there, and was at length called into action by some exciting cause.

There seems, nevertheless, to be a slight departure from the general character of the disease in a few cases, and particularly in those that are produced by the bite of a rabid cat, whether the latter have originated it, or received it from a rabid dog, as though by a passage through the domestic cat the virus undergoes a similar change to that which takes place in the virus of small-pox, when passing through the system of an individual who has previously submitted to the influence of cow-pox: for, upon the whole, the disease appears to evince somewhat less malignity, to be more disposed to intermit, and its spastic symptoms, and especially that of water-dread, to be both less frequent and less violent: so that in respect to symptoms we may perhaps mark out the two following varieties:—

α Felina.
Feline rabies.

The spastic symptoms less acute and frequently intermitting; produced by the bite of a rabid cat.

* Medico-Chir. Trans. i. 132.

β Canina.
Canine rabies.

The spastic constriction, for the most part, extending to the muscles of deglutition, which are violently convulsed at the appearance or idea of liquids : produced by the bite of a rabid dog, wolf, or fox.

GEN. I.
SPEC. VIII.
Entasia lyssa.

There is a case of FELINE RABIES, if it be rabies, in Morgagni, and which is copied from him into Sauvages' Nosology, in which the above distinction is so strongly marked, that the author, in the first edition of his own Nosology, was induced to follow M. de Sauvages' mode of classifying it, and made it, after him, a distinct species, though he deviated from the name under which it occurs in this justly celebrated writer, which is that of *Anxietas à Morsu*.* The history of the enraged cat is not given, nor is it certain that the rage was that of rabies. The master of the animal was attacked and wounded both by its teeth and claws. The symptoms took place four days after the bite, and were confined to spasms of the chest without hydrophobia; nor do these seem to have been of great violence, for they are described as "*magna præcordiorum anxietas*." Local and general bleedings were useless: a frequent repetition of the warm bath afforded relief; but it only yielded to an ephamera with copious sweat. The intervals were lunar: for it returned with the full moon for two years; the bitten part, as usual, first becoming highly irritable, and the spasms or vehement anxiety of the præcordia supervening, which were now relieved by bleeding. After this period, it returned with every fourth full moon for two years more, and then appears to have ceased.

A few instances of intermission, with a return of periodical paroxysms, produced by the bite of a rabid dog, are also to be found in the medical collections: of which Dr. Peters' case † affords a striking example, the paroxysm returning for many months afterwards, severely, once a fortnight, or at every new and full moon, and slightly at the quarters, or in the intervening weeks. Selle, indeed, asserts that he has met with an instance of the same kind of intermission among dogs; and hence, where the individual recovers, both varieties seem occasionally to subside in this manner.‡

Dr. Fothergill has given two cases of unquestionable affection from feline rabies, produced by the same animal. The cat first bit the maid-servant, and afterwards the master of the house, about the middle of February. The wound inflicted on the maid-servant remained open and irritable from the first, and continued to resist every application for many months; it healed, however, at length, and no constitutional symptoms supervened. The wound inflicted on the master healed easily and in a short time, but in the middle of the ensuing June, being four months afterwards, the usual symptoms of lyssa appeared, yet with comparatively slight and occasional water-dread; inasmuch that the patient, far from resisting the use of the warm bath, sometimes called for it, expressed a high sense of the comfort it afforded him, and was able at times to dash the

α *E. Lyssa felina.*
Example from Morgagni.

In this case no hydrophobia:

and, on convalescence, periodical returns, commencing in the bitten part, and continuing for two years.

A few instances of periodical returns have occurred among dogs. Singular instance recorded by Peters.

And hence both varieties seem sometimes to terminate in this manner.

Fothergill's two examples of affection from feline rabies.

In the one the wound difficult to heal, but no constitutional symptoms.

In the other the wound healed easily, but death ensued.

* Classis VII. Ord. I. v. 6.

† Phil. Trans. 1745. No. cccclxxv.

‡ Neue Beiträge zur Natur und Arznei-wissenschaft, b. iii. 118.

GEN. I.

SPEC. VIII.

a E. Lyssa
felina.

Further illus-
trated from a
marked case in
the Trans. of
Med. Soc. of
London.

water over his head with his own hands. It terminated, however, fatally, and with the usual symptoms of distress.*

In the Transactions of the Medical Society of London we have a highly interesting case of the same kind, which proved equally fatal, in seventy-four days from the time of receiving the injury, and fifty-eight hours from the commencement of the disease; all the symptoms, moreover, exhibiting less violence than usually occurs in canine madness, with little or no water-dread, and consequently an ability to drink fluids to the close of the disease, though the muscles of deglutition, as well as those of the chest, evinced always some degree of constriction, with occasional exacerbations.† The patient was a young lady of eighteen years of age; the attack was made in the month of January, with both claws and teeth, by a domestic cat that was lurking under the bed, and which, though not known to be ill, had for some time before been observed to be wild, and had been roving in the woods. The fate of the animal is not mentioned. The lacerated parts were incised and purposely inflamed by the application of spirit of turpentine. The wounds healed, and the general health of the patient continued perfect till the beginning of the ensuing April, when she was suddenly frightened by looking out of a window, and seeing a mad dog pursued by a crowding populace. This proved an exciting cause. She instantly expressed alarm, anxiety, and dejection of mind. In the afternoon she complained of an unusual stiffness in moving her left arm, and its sense of feeling was impaired; she discovered an aversion to company; the irritations of noise, heat, and light, were offensive to her; she avoided the fire, and forbade a candle to be brought near her. The rigidity and insensibility of the affected arm seemed to shoot in a line from the middle finger which had been lacerated, and was accompanied with an acute pain which terminated in the glands of the axilla, where she complained of a considerable swelling. Yet neither of the hands (for both had been injured) was affected with discoloration, tension, tumefaction, or any other mark of local injury, though a degree of lividity had been observed upon the lacerated part of the finger a short time before the disease made its appearance. She had a painful constrictive sensation in her chest, and the respiration was interrupted by frequent sighings. The spasmodic symptoms increased, and at length the whole system, but especially the lungs, was affected with violent convulsions: the breathing was exquisitely laborious, but the paroxysm subsided in about two minutes. Frequent sickness and vomiting followed: the convulsive spasms about the throat obliged her to gulp what she swallowed, and she showed a slight reluctance, but nothing more, to handling a glass goblet. The pulse was 132 strokes in a minute; the skin was cool, the tongue moist, the bowels open, the thirst urgent, without any tendency to delirium. She was worn out, however, by sensorial exhaustion and distress, and

Exciting cause
clear.

Little affection
of the parts
originally in-
jured.

Spasms about
the throat, but
little water-
dread.

Fatal termin-
ation.

* Med. Observ. and Inquir., vol. v. On the other hand, Dr. A. T. Thomson has recorded, in the Medico-Chir. Trans., an instance proving, that when the disease arises from the bite of a rabid cat, the dread of swallowing fluids may be as strongly marked as in examples proceeding from the bites of rabid dogs. What was noticed by Dr. Fothergill is not a constant feature in the disorder as it appears after the bite of a rabid cat. — Ed.

† Vol. i. art. iv. p. 78. 8vo. 1810.

at last expired calmly, at the distance of time from the attack already stated.

In the general progress of *CANINE RABIES*, all the above indications are greatly aggravated, and the mind often participates in the disease and becomes incoherent. Whatever be the exciting cause, the wounded part almost always, though not universally so, takes the lead in the train of symptoms, and becomes uneasy; the ecatrix looking red or livid, often opening afresh, and oozing forth a little coloured serum, while the limb feels stiff and numb. The patient is next oppressed with anxiety and depression, and sometimes sinks into a melancholy from which nothing can rouse him. The pulse and general temperature of the skin do not at this time vary much from their natural state. A stiffness and painful constriction are, however, felt about the chest and throat; the breathing becomes difficult, and is interrupted by sobs and deep sighs, as the sleep is, if any be obtained, by starts and frightful dreams. Bright colours, a strong light, acute sounds, particularly the sound of water poured from basin to basin, even a simple agitation of the air by a movement of the bed-curtains, are sources of great disturbance, and will often bring on a paroxysm of general convulsions, or aggravate the tetanic constriction. The patient is tormented with thirst, but dares not drink; the sight or even idea of liquids making him shudder: his eye is haggard, glassy, fixed, and turgid with blood from the violence of the struggle; his mouth filled with a tenacious saliva, in which we have already shown lurks the secreted and poisonous miasm, and he is perpetually endeavouring to hawk it up and spit it away from him in every direction; often desiring those around him to stand aside, as conscious that he might hereby injure them. The sound which is thus made, from the great oppression he labours under, and from his vehement effort to excrete the tough and adhesive phlegm, is often of a very singular kind; and being sometimes more acute than at others, as well as quick and sudden, and also frequently repeated, like every other motion of the body, has occasionally, to a warm and prepossessed imagination, seemed to be a kind of barking or yelping. And hence, probably, the vulgar idea that a barking, like that of a dog, is a common symptom of the disease. The restlessness is extreme, and if the patient attempt to lie down and compose himself, he instantly starts up again, and looks wildly round him in unutterable anguish. "On going into the room," says Dr. Munkley, describing the case of a patient to whom he had been called, and the author can bear witness to the accuracy of his very forcible delineation, "we found him sitting up in his bed, with an attendant on each side of him: he was in violent agitation of body: moving himself about with great vehemence as he sat in the bed, and tossing his arms from side to side. On seeing us he bared one of his arms, and, striking it with all his force, he cried out to us with the greatest eagerness to order him to be let blood. His eyes were redder than the day before: and there was added to the whole look an appearance of horror and despair greatly beyond what I had ever seen either in madness or in any other kind of delirium." The patient was, nevertheless, "perfectly in his senses at this time, and there was not the least appearance of danger of his biting any person near him; nor, among the variety of motions which he made, was there any which looked like attempting to snap or bite at any thing within his reach:

GEN. I.
SPEC. VIII.

β E. *Lyssa canina*.

Distinctive signs and general description.

Sound made in the trachea, from vehement effort to excrete phlegm, has sometimes a resemblance to the barking of a dog: whence the vulgar idea of the patient's really barking.

Forcible delineation from Munkley.

GEN. I.

SPEC. VIII.

β E. Lyssa
canina.

Some of the
symptoms
much disposed
to differ in dif-
ferent cases.

Exemplified.

Bitten part
sometimes not
affected; yet
such affection
generally forms
the prelude.

Commonly the
mind never
wanders: but
the patient is
sometimes
furious and un-
governable.

Pulse rarely
much changed
from its natural
standard.

Great variation
in the interval
between the
injury and the
incursion of the
disease.

Ordinary in-
terval about
six weeks.

Course and
symptoms often
discrepant.

and they who were about him had no apprehension of his doing this.”* The patient had at this time reached the third day of the disease, and expired about two hours after Dr. Munckley had left him.

There is, however, a considerable difference in many of the symptoms which characterise the progress of this malady, derived from difference of age, idiosyncrasy, or some other casualty, so that it is possible no two cases are in every respect precisely parallel. The volume of the Medical Transactions from which I have just quoted contains three instances of lyssa communicated by different practitioners. In the first, which is Dr. Munckley's, no notice whatever is taken of the original bite, which was both in the hand and cheek, from a favourite lap-dog, and the patient does not seem to have had any return of pain or irritation in these organs. In the second case, which is that of a lad of fifteen years of age, the bite, which was in the leg, was so small that it was scarcely perceptible at the time, and from first to last never gave the least uneasiness.† In the third case, which is that of an adult woman, the disease was preceded by the ordinary prelude of torpor, stiffness, and tingling in the bitten part, shooting upwards to the trunk.‡ In the first case, the patient's mind never wandered, to the last moment of life, which is a common character of the disease; in the second and third, both were furiously mad, bit themselves, the bed-clothes, and whatever else fell in their way. In all of them, however, there was a severe hydrophobia, and in all of them the pulse did not essentially vary from its common standard. The first died on the third day; the two last recovered; the one under a treatment which consisted principally of opium, and the other under that of salivation; leaving it therefore doubtful how far the recovery may be ascribed to the natural powers of the constitution, and how far to remedies so widely different in their nature. Dr. Marcet's patient did not expire till the sixth day after the appearance of water-dread, and without any affection in the bitten part§; and, towards the close of the disease, he sometimes suddenly gulped half a pint of water, or splashed it over his body.

There is also, in these three cases, an equal and most singular discrepancy in the interval between the infliction of the wound and the incursion of the disease, or, in the language of Professor Trollet, its period of incubation. The first interval was about six weeks, which may be regarded as the ordinary term: the second was only five days: the third is not set down with any degree of precision; the patient is only stated to have been seized “about the time that the second horse died” that had been bitten by the same rabid dog; and hence this interval consisted probably of about a fortnight.

A like variation in the course of morbid symptoms distinguishes the series of cases published by Professor Brera, and which took place in the month of November, 1804, on the incursion of a wolf sufficiently proved to be rabid. Generally the patients showed no desire to bite or otherwise injure persons about them; but, in one instance, such a desire was strikingly prominent. In another case

* Medical Transactions, vol. ii. art. v. p. 53.

† Op. cit., vol. ii. art. xii. p. 192.

§ Medico-Chir. Trans., 1. p. 152.

‡ Id., art. xv. p. 222.

also, though there was a fatal water-dread, there was no flow of saliva. In some, the horror extended to liquids of every kind; in others, water alone produced it, while wine was drunk with ease. *

This discrepancy seems to depend entirely upon the nature or presence of the predisponent or exciting cause that gives energy to the virus, and without which it may lie, as we have already observed, for an almost indeterminable period dormant, but undecomposed, and therefore as malignant as when first generated. † In the three cases just quoted from the Medical Transactions, the lad who was soonest affected seems to have had a strong predisposition to the disease from the first moment, and which alone became an exciting cause; in the woman, who suffered about a fortnight afterwards, there was probably some degree of predisposition, but the immediate exciting cause appears to have been over-exertion in walking, for we are told that "she was seized as she was going on an errand on foot, and had walked about two miles."

There is a like uncertainty among quadrupeds. We have just taken the interval of ten or twelve days as the common term; but, in the instance just referred to, it may have been considerably longer. According to Meynall, the disease among dogs appears from ten days to eight months after the bite. In Earl Fitzwilliam's hounds, which were bitten June 8. 1791, the interval varied from six weeks to more than six months; and not much less in Mr. Floyer's hounds, as described by Mr. James. It is not therefore to be wondered at, that there should be a great uncertainty among mankind. And hence we find it has occurred a week or a fortnight after the bite, three weeks, a month, and sometimes six weeks, and even three months; after which last period, however, notwithstanding occasional instances to the contrary, the patient is generally considered safe. There are two cases published by Dr. Tracher†, in which the injury inflicted by the same dog, August 16. 1810, did not produce hydrophobia in either instance till nearly three months afterwards, namely, November 3. and November 14. ensuing: and it is the more remarkable, that the first case was that of a child under four years of age, the second that of an old man of seventy-three. Both terminated fatally; the former case in six days, the latter in seven from the onset of the disease. Upon the whole we may calculate the interval as varying from five or six days to as many months, the usual period being about the same number of weeks.

GEN. I.
SPEC. VIII.
β E. Lyssa
canina.

This discrepancy apparently dependent upon the predisponent or exciting cause. Sometimes this cause operates from the first almost without an interval.

A like uncertainty among quadrupeds: common interval ten or twelve days: but has been prolonged to six or eight months.

Hence in mankind has varied from a week or fortnight to six weeks or three months: after which the patient is generally considered safe.

Illustrated.

Probable mean interval.

* *Commentario Clinico per la cura dell' Idrofobia, &c. Mem. Soc. Ital. Scienz., tom. xvii. Modena.*

† If this doctrine were positively proved, the information would be of high importance in practice, as justifying the excision of the parts at a very late period after they have been healed up, when this measure, so indisputably prudent in an early stage, has been neglected. However, whether the virus first inserted lie dormant in the part or not, if the bite be known with certainty to have been inflicted by a rabid animal, the extirpation of the bitten parts is advisable also on the other hypothesis, that the virus, though not now actually present itself, may have communicated to the parts a disposition to assume at a subsequent period a specific action, by which the hydrophobic poison will be re-generated, and subjected to absorption, with all its horrible consequences. — ED.

‡ *Amer. Med. and Phil. Reg., vol. i. p. 457.*

GEN. I.

SPEC. VIII.

β E. Lyssa
canina.

A few instances on record of the disease occurring many years afterwards: but mostly want authority.

Singular case of retardation related by Dr. Bardsley: giving an interval of twelve years.

Trollet's extensive experience.

General train of symptoms.

Ordinary interval.

Singular extension of intervals.

The academical journals and monographic writers, nevertheless, have numerous instances of the malady appearing after a bite of many years' standing; sometimes twelve, eighteen, twenty, and even thirty years; but the evidence is mostly imperfect. I shall presently, however, have occasion to notice one, in which it occurred and proved fatal more than nine months afterwards: and there is another, communicated by Dr. Bardsley to the Manchester Society, strongly entitled to credit, however difficult it may be to account for the fact, in which the attack did not commence till twelve years after the bite of a dog supposed to be mad. The patient died in the Manchester Infirmary with decided symptoms of the disease. He had been for some time antecedently labouring under great nervous agitation and considerable depression of spirits; and Dr. Bardsley inclined to ascribe it to this cause, rather than to any specific poison lurking in the system. But this is to suppose that lyssa is capable, under particular circumstances, of being generated spontaneously in the human frame, while Dr. Bardsley, as we have already observed, contends that it cannot exist, even *among dogs*, except by contact.*

There are few physicians, whose experience seems to have been so extensive upon this melancholy subject, and so actively followed up by judicious and even original views, and post-obit examinations, as that of Professor Trollet, to whom I have already adverted. Independently of a variety of single and unconnected cases that had fallen under his care, he gives an account of a ravage committed on not less than twenty-three persons, besides cattle and dogs, in the department of the Isère in 1807, twelve of whom, for the most part terribly bitten in the face, were conveyed to the Hôtel Dieu at Lyons, in which he was clinical professor, and, as such, were placed under his immediate care.†

The general train of symptoms, as the patients became successively affected and died, after an active and judicious treatment of preventive as well as curative means, did not essentially vary from those just related. The local indications mostly, but not always, preceded. The interval between the bite inflicted by the rabid wolf and the access of disease, varied from a fortnight to five weeks, and the patients uniformly sank on the second or third day after a clear developement of the symptoms. In the preceding year, however, M. Trollet had a case, produced by the bite of a mad dog, in which the disease did not show itself till *five months and a half* after the infliction of the wound. The patient was a strong, robust man, of thirty years of age, and the dog had died mad in the veterinary school at Lyons soon after the injury. The first symptoms in this case were the usual ones of pain in the bitten part, which gradually extended to the arm and neck. Two days afterwards the patient was sensible of a vapour or aura, which ascended from the abdomen to the head, accompanied with a general uneasiness. The symptom of hydrophobia was manifested on the day ensuing; the depleting plan was, in

* The author overlooks the possibility of mistaking a tetanic affection for lyssa; yet the close approximation, which one disease frequently makes to the other, is acknowledged by all men of experience and observation. — EN.

† Nouveau Traité de la Rage, Observations cliniques, Recherches d'Anatomie pathologique, et Doctrine de cette Maladie, &c. 8vo. Lyons, 1820.

this instance, followed up with a daring urgency, and the man expired on *the evening of the same day*.

M. Trollet's post-obit examinations are numerous, and they uniformly give proof, like the dissections already noticed, of extensive mischief in various organs remotely situated from each other; the chief of which, however, were the mucous membrane of the trachea and bronchiæ, and the membranes of the brain, especially the pia mater; all which, in direct repugnance to M. Magendie's observations, were infiltrated with red blood, and gave evident proofs of inflammatory action; while the mucous membrane of the bronchiæ and trachea were covered over with a frothy material of a peculiar kind, which M. Trollet supposes to be the seat or vehicle of the specific virus, and which, in his opinion, is driven forward into the fauces, and intermixed with the saliva by each spastic expiration from the chest. The other organs he found affected as follows: the capillary vessels of the lungs were penetrated with a larger quantity of blood than ordinarily; their substance was emphysematous, or contained an accumulation of air, as did also the heart and large blood-vessels in some instances. The blood itself was black, uncoagulating, and of an oily appearance. That taken from the veins, during the disease, coagulated into an entire cake, without any separation of serum. The mucous membranes of the mouth and pharynx were of a pale grey, and lubricated by a gentle moisture; they contained no saliva, nor any frothy material. The most singular fact of the whole is, that "the salivary glands, and the cellular substance which envelopes them, afforded not the least vestige of inflammation, nor the slightest alteration in their volume, their colour, or their texture."

It is this last circumstance that seems chiefly to have induced M. Trollet to venture upon a new hypothesis, and to suppose, that the actual seat of the specific virus is the mucous membrane of the bronchiæ or lower part of the trachea, rather than the fauces or the salivary glands; and had these last in every instance been discovered as clear of any manifest morbid appearance as in the dissections of this ingenious pathologist, there would be strong ground for his conjecture: but as we have already seen that, in some cases, there have been found only slight marks of inflammatory action in the bronchiæ, while the fauces and œsophagus, and occasionally the stomach and even the ileum, have been so inflamed as to approach a state of gangrene, much further investigation is necessary before the old doctrine should fall a sacrifice to the new.* The only fact we are at present able to collect from dissections, is a very extensive and violent disturbance throughout the entire frame; sometimes fastening chiefly on one set of organs, and sometimes on another.

The mode of TREATMENT is a field still perfectly open for trial; for, at this moment, we have no specific remedy, nor any plan that can be depended upon, after the disease shows itself.

* Trollet's belief that the hydrophobic poison is formed with and contained in the mucous secretion of the respiratory organs, never gained many partisans; for the traces of inflammation noticed by Trollet in those organs, and adopted as the ground of his doctrine, are well known not to be constant. M. Magendie dissected several rabid sheep, in which no marks of inflammation in any part of the lungs or air-passages could be perceived. — ED.

GEN. I.
SPEC. VIII.
β E. Lyssa
canina.
Post-obit ex-
aminations.

Trollet's hy-
pothesis of the
proximate
cause of lyssa.

Medical treat-
ment of the
disease alto-
gether un-
settled.

GEN. I.
SPEC. VIII.
β E. Lyssa
canina.
Prophylactic
course obvious.
The bitten part
to be destroyed.
Various modes
proposed.

Potential
cautery not to
be depended
upon.

Excision and
actual cautery
to be employed
jointly.

Antecedently, indeed, to this period, our course is obvious, and particularly if we should be so fortunate as to be consulted at the time of the bite: it should consist in endeavouring, by the promptest and most efficacious means, to prevent the spread of the disease, by washing the part well and thoroughly at the nearest spring or river at hand, and by extirpating the virus before absorption has taken place. This has been done in various ways; for the lacerated part has been sometimes amputated or dissected out, and at other times totally destroyed by the actual or potential cautery. The actual cautery, by the means of irons heated to whiteness, was first adopted and recommended by Dioscorides*, and afterwards by Van Helmont, Morgagni†, and Stahl: the potential cautery seems to have been proposed as a less terrific mode of operation, and has usually been accomplished by the means of lapis infernalis or decarbonated soda. It is recommended by Schenck, Pouteau, and Dr. Moseley. A notion, however, has obtained, from a very early period, that the irritation produced by a cautery, whether actual or potential, only increases the tendency to absorption; and Trampel has endeavoured to prove this‡: on which account Hildanus and Morgagni have advised excision in combination with the cautery: the former proposing to cut out the eschar as soon as it is formed, without letting it remain for a spontaneous separation; and the latter, far more effectually, recommending that incision should follow the application of the knife, instead of preceding it.

Of these three modes of operating, the potential cautery is least to be depended upon; for it is not sufficiently rapid in its action. Of the other two it is, perhaps, of little consequence which is selected, and either of them will generally prove sufficiently efficacious alone, if employed early enough to anticipate absorption, and extensively enough to make sure of extirpating or destroying every portion of the bitten part. There is reason to believe that, in many instances, this has not been done; so that Camerarius places as little confidence in the actual cautery as in the potential, and Dr. Hamilton almost as little in excision. And hence another reason for employing both means in the manner recommended by Morgagni; in which case we shall find it unnecessary to superadd any of those irritant, exulcerant, or suppurative applications, which have been employed by many practitioners with a view of introducing a fresh local action, and maintaining a fresh local discharge, and which have chiefly consisted of cantharides, camphor, alliaceous cataplasms, resins, turpentine, or, as Celsus recommends, culinary salt.§ It may likewise be advisable, as proposed by Sir Kenelm Digby, and since his time by Dr. Haygarth, to wash the wound again thoroughly with tepid water, or tepid wine and water, before the excision is commenced. M. Portal, however, thinks the application of the cautery, whether actual or potential, may be serviceable long after the wound has been inflicted, and even after it has healed, though he advises its use as early as possible.||

* Lib. vi.

† De Sed. et Caus. Morb., Ep. viii. art. 26.

‡ Beobachtungen und Erfahrungen, &c. band ii. passim.

§ De Medicinâ, lib. v. cap. xxvii. § 1.

|| Mémoires sur la Nature et le Traitement de plusieurs Maladies, tom. iv. 8vo. Paris, 1819.

There is also another, and a very easy, and perhaps a very salutary operation, which I would strenuously recommend from the first, even before the process of ablution. I mean that of applying a tight ligature to the affected part, wherever it will admit of such an application, at a short distance above the laceration. I have never had an opportunity of trying the benefit of such a measure in my own practice; but analogy is altogether in its favour, for it is well known to be one of the most important steps we can take in confining the poisonous effects of the rattlesnake and other venomous animals, and of mitigating its violence by the torpor which follows; and it has the sanction of many authorities of deserved credit, as Hacquet, Percival, Vater, Wedel, and Trollet.*

GEN. I.
SPEC. VIII.
Entasia lyssa.
Prophylactic
treatment.

A tight ligature
to be applied
where the parts
will admit.

Its benefit
from analogy.

* As the editor has already noticed, it is proved, by the ingenious experiments of Sir David Barry, that the commencement of the symptoms produced by vegetable, mineral, and reptile poisons, is synchronous with the consummation of absorption, and that their repetition is dependent upon its renewal. The same gentleman has also satisfactorily proved, that absorption does not proceed under a vacuum. In the treatment of the recent bite of a rabid animal, therefore, he recommends, 1. The application of a powerful cupping-glass over the wound. This measure, he says, supersedes at once the ligature, ablution, excision, &c. during the period of its application, and for a certain time after its removal. (See Exp. 5. and 7.) 2. After the cupping-glass has been applied for an hour, at least, the whole of the parts wounded or abraded should be freely dissected out. 3. The cupping-glass should then be immediately re-applied. 4. Sir David Barry recommends the hermetical sealing of the vessels (as his expression is) with the actual cautery. 5. The part should be as little exposed to the contact of the air after the slough comes away, and as soon healed up as possible. (See Exper. Researches, &c. p. 149., et seq.) If the bite of a decidedly rabid animal were to be in one of the fingers, to which a cupping-glass could not be effectually applied, immediate amputation of the part would be prudent. The performance of this operation, previously to the commencement of the symptoms, is a very different practice from that of amputating parts after the symptoms have begun. A few years ago a limb was amputated in Guy's Hospital under the latter circumstances, without the least check being put to the disorder. Unless, however, a limb were bitten in many places, or very deeply in parts not admitting of excision, as through the tarsus or carpus, the editor conceives that amputation would not be warrantable, either before or after the accession of the symptoms; 1st, because the severity of the mutilation is too great to be encountered for the prevention of a disorder that is not certain of coming on at all; 2d, because the above-mentioned proceedings would supersede the necessity for so severe a measure. According to Dr. Marochetti (Magendie, Journ. de Physiol., tom. v. p. 279.) there is only one means of preventing the development of hydrophobia, viz. that of discharging the hydrophobic poison as soon as it is formed; and he asserts, that the situation where this takes place is on each side of the frænum of the tongue, where one or two little vesicles or tubercles present themselves. The period when they become manifest, he says, cannot be stated with precision; but, when they occur, it is commonly between the third and ninth day from the bite. When they are examined with a probe, he remarks, that a fluctuating liquid may be perceived in them, which is, in fact, the hydrophobic poison, and which, if not discharged in twenty-four hours, is generally absorbed, and no vestiges of it remain. When a person has been bit by a rabid animal, Dr. Marochetti examines the frænum once or twice every day for forty-two days, and if the vesicles or tubercles do not appear in that time, he considers it certain that the patient has not been infected. When, however, they are seen, he opens them freely, directs the patient to wash the mouth with a gargle, and applies caustic to the cuts or incisions. Afterwards, he prescribes genista in the form of decoction or powder. With respect to the vesicles or tubercles on each side of the frænum, M. Magendie apprehends that Dr. Marochetti may have mistaken the natural appearances of the orifices of Warton's ducts for the vesicles supposed to contain the hydrophobic virus. Here we see, also, that Marochetti starts an hypothesis which interferes very much with prevailing opinions, already

GEN. I.

SPEC. VIII.

Entasia lyssa.

Practice loose and apparently incongruous when the constitutional symptoms appear.

Remedial treatment.

Summary of the common intentions of cure.

First intention: to stimulate and support the vital power.

Ammonia.

Cordial confections and theriacas: pungent aromatics.

Second intention: to take off supposed inflammatory action.

Submersion in cold water: recommended by Celsus.

If, however, the local plan should prove ineffectual, our curative practice, as already observed, is still unfortunately all afloat, and we have neither helm to steer by, nor compass to direct our course. There is, indeed, no disease for which so many remedies have been devised, and none in which the mortifying character of vanity of vanities has been so strikingly written on all of them. In the loose and heterogeneous manner in which they have descended to us, they seem, indeed, to have followed one another, without rational aim or intention of any kind. Yet, if we nicely criticise and arrange them, we shall find that this is not the case.

There are four principles by which physicians appear to have been guided in their respective attentions to this disease. That of stimulating and supporting the vital power, so as to enable it to obtain a triumph in the severe conflict to which it is exposed; that of suddenly exhausting the system by severe bleedings and purgatives, as believing the disease to be of a highly inflammatory character; that of opposing the poison by the usual antidotes and specifics to which other animal poisons were supposed to yield; and that of regarding the disease as a nervous or spasmodic, instead of an inflammatory affection, and, consequently, as most successfully to be attacked by an antispasmodic course of medicines and regimen.

The very popular use of ammonia and camphor may, by some, be ascribed to the first of these views, as being powerful stimulants; yet, in fact, they were rather employed from different motives, and fall within one or two of the principles of action which yet remain to be considered. But to this class of medicines, designed expressly to support the vital power, and enable nature herself to triumph in so severe a struggle, belong expressly the warm and cordial confections and theriacas that were at one time in almost universal estimation; as also various kinds of pepper given in great abundance, oil of cajeput, different preparations of tin, copper, and iron, and, in later periods, bark.

In direct opposition to this stimulating and tonic plan, was that of suddenly debilitating and exhausting the system, upon the hypothesis that the symptoms of canine rabies were those of violent and rapid inflammation. The practice of applying ice or the coldest water to the head, and of submersion in cold water, belongs mostly to this view of the subject, as used a century ago, though in the time of Celsus it was employed in a much slighter degree to take off the spasm of hydrophobia, and to quench the thirst that accompanied it. "Miserrimum genus morbi; in quo simul æger, et siti et aquæ metu cruciatur: quo oppressis in angusto spes est."* In this almost hopeless state, the only remedy (unicum remedium), Celsus continucus, is to throw the patient instantly, and without warning, into a fish-pond; alternately, if he

noticed, concerning the long dormant state of the poison in the bitten part, or the production of a similar poison by the vessels in this part at a late period after the bite, in consequence of the influence of a germ of the virus supposed still to continue there. Dr. Marochetti's assertions, however, require confirmation. — ED.

* De Medicinâ, lib. v. cap. xxvii. sect. 2

have no knowledge of swimming, plunging him under the water that he may drink, then raising his head; or forcing him under it if he can swim, and keeping him below till he is filled with the water; so that the thirst and water-dread may be extinguished at the same time. But there is here, continues our author, another danger, lest the body of the patient, exhausted and worn out by the submersion as well as by the disease, be thrown into convulsions: to prevent which, as soon as he is taken out of the pond, he is to be put into warm oil.*

The bolder practitioners of subsequent times, in pursuing the refrigerating plan, were regardless of convulsions, and persevered, at all hazards, in reducing the living power to its last ebb; believing that the nearer they suffocated the patient without actually killing him, the greater their chance of success. Hence Van Helmont kept the wretched sufferer under water till the psalm "*Miserere*" was sung throughout, which, under some choristers, occupied a much longer time than under others; and, in the experiments of the Members of the Académie Royale, we meet with instances of a still more dangerous pertinacity, though success is said to have accompanied one or two of them. Thus, M. Morin relates the case of a young woman, twenty years old, who, labouring under symptoms of hydrophobia, was plunged into a tub of water with a bushel of salt dissolved in it, and was harassed with repeated dippings till she became insensible and was at the point of death, when she was still left in the tub, sitting against its sides. In this state, we are told, she was at length fortunate enough to recover her senses; when, much to her own astonishment, as well as to that of the by-standers, she found herself capable of looking at the water, and even of drinking it without choking.†

With respect to the warm oil-bath, which Celsus recommends in succession to that of cold water, the present author can say, that, in a single instance to which he was a witness when a young man, it produced no benefit whatever. It was prescribed by a physician in consequence of the recommendation of Celsus, but who certainly had not read him attentively, nor was acquainted with the scope of his reasoning. For, in this case, cold-bathing had not been tried antecedently, and consequently there was no danger of those convulsions for which alone the Roman physician enjoins the use of the oil. The experiment, however, was so far perfect, that the tub was full of oil, and deep enough to reach the patient's chin.

In connection with the cold-bath thus persevered in to suffocation, the reducent or antiphlogistic plan was still farther forwarded, at one time, by the use of strong drastic purgatives, of which colocynth was, for a long period, the favourite‡; and at other times by a very bold and perilous use of the lancet.

Bleeding has lately been revived, and carried to the extent of deliquium by large and rapid depletions, and the operation has been repeated almost as long as the powers of life would allow. Dr. Nugent employed it at Bath, in 1753, in one case, and the patient was restored, but musk and other antispasmodics were largely

GEN. I.

SPEC. VIII.

Entasia lyssa-

Remedial

treatment.

Second inten-

tion.

To be succeed-

ed by a bath

of warm oil.

Cold submer-

sion in later

times carried

to a perilous

extreme.

Illustrated.

Warm oil-bath
of no service.Drastic
purgatives.Profuse vene-
sections.Revived in the
present day :

* Cels. loco citato.

† Hist. de l'Académie Royale, Ann. 1709.

‡ Hellot, An de Morsis à Rabido Colocynthis? Paris, 1676.

GEN. I.
SPEC. VIII.
Entasia lyssa.
Remedial
treatment.
Second inten-
tion.

without any
pretensions to
novelty.

Exemplified.

employed at the same time: and Dr. Schoolbred of Bengal has since had two patients who recovered under this process; but he employed mercury at the same time, and it is by no means certain, either from the history of the patients, or of the dog by which they were bitten, that the disease was a genuine lyssa.

Yet, whatever benefit this practice may possess, it has no pretensions to novelty; for there is not a single course of treatment, ever invented for this intractable disease, that has been for upwards of a century more extensively tried and re-tried, both moderately and profusely, or excited a warmer controversy upon its merits. Poupart, in 1699, espoused the practice, and gives the ease of a woman, who perfectly recovered by bleeding her to deliquium, and afterwards confining her for a year to bread and water.*

Berger, in the same year, recommended bleeding, but advised that the blood should be taken from the forehead. In the Breslaw Collections for 1719, is the case of a cow supposed to be rabid, and said to be cured by profuse bleeding. And the Philosophical Transactions abound with similar histories, some of them purporting to have been attended with similar success, derived from human subjects; but most of them too loosely given, or too undecided in their symptoms, to be in any measure entitled to reliance. That of Dr. Hartley and Mr. Sandys was, at one time, appealed to as demonstrative. It is the case of a groom who was bitten by a dog, supposed to be mad, towards the end of November, and who sickened about the middle of January ensuing; he had an aversion to drink, and was conjectured to be labouring under rabies. Venesection was here trusted to almost entirely, and every repetition of the lancet seemed serviceable: in consequence of which he lost a hundred and twenty ounces of blood in the course of a week, by different depletions, which consisted of sixteen or twenty ounces at each time. The man recovered: but few readers will believe him to have been really rabid when they learn, that, although he had an aversion to drink, he swallowed liquids; that his chief symptoms were sickness, trepidation, a faltering speech and memory; and that, through the whole course of the disease, he attended, though with some difficulty, to his duty in the stable.†

Additional
instances.

The Edinburgh Medical Commentaries are equally replete with cases in which the same plan of evacuation had been tried; but they are also equally unsatisfactory. Thus, Dr. Tilton informs us, that, having heard of the recovery of a patient from the disease before us, who had bled profusely and almost to death, by an accidental fall from a high place, and a division of the temporal artery, he employed venesection freely in a case of his own, drawing off from twenty to thirty ounces at a time, and occasionally bleeding to deliquium.‡ But the symptoms are here also so doubtful, that the result is of no importance.

Failure of the
practice proved
from its dis-
continuance,
and specific
facts.

The practice, therefore, has been not uncommon for at least a century and a half; and had it proved as specific as some late reports would induce us to believe, it must have descended to us with a wider and more confirmed reputation, and formed the only

* Hist. de l'Académie des Sciences, An. 1709.

† Phil. Trans., Year 1737-8.

‡ Vol. vi. p. 432.

course to be relied on. But the misfortune is, that, however salutary at times, it has often completely failed in the hands of unprejudiced and judicious practitioners; and where it has succeeded, it has generally been combined with other means that have been resorted to at the same time. There is a case of failure related by Dr. Plummer in the *Edinburgh Medical Essays* *; but it is not much to be relied on, as not more than twenty ounces of blood were lost at a second and accidental bleeding, and only ten a day or two before by a prescribed venesection. Mr. Peters, however, who employed profuse and repeated bleedings, sometimes even to deliquium, had, in his day, so little dependence on them alone, that he uniformly combined this remedy with opium and mithridate, or other cordials; and in the case which he has introduced into the *Philosophical Transactions*, he ascribes the success, which accompanied his plan, to this combined mode of treatment.† In like manner, Mauchart, as quoted by Bühlmeier, while he advises bleeding, and to an extent proportioned to the length of the interval between the infliction of the wound and the attack of the paroxysm (and where the patient is of a melancholy temperament, even to deliquium), advises, at the same time, that the bitten part be scarified; and when this also has bled till nothing but serum escapes, that the wound be dressed with mithridate, the-riaca, or rue, and a defensive plaster put over it, and that the patient take pills, compounded of mithridate and other materials, to the number of nine every day, for nine months, keeping himself in a free perspiration, and cautiously changing his linen.

In the case of dogs, venesection, how liberally soever made use of, does not seem to be of much benefit. It has lately been the subject of a series of experiments at Paris, under the superintendence of MM. Magendie, Dupuytren, and Breschet, who have carried it to deliquium, but without any success whatever. And hence, though it has unquestionably been serviceable, in many cases, the practice cannot be regarded as a specific.

To close the whole, Professor Trollet has employed venesection so extensively, and in such variable proportions, from single or double bleedings of sixteen ounces each to not less than *seven pounds*, by different bleedings in the course of a few hours, and in every instance so entirely without effect, as reasonably to put the question at rest for ever. And the more so as, in his hands, the bolder the practice, the sooner the patient fell a sacrifice to it. We have a striking example of this in the case of the patient just referred to, whose interval between the infliction of the wound and the signs of the disease, extended to upwards of five months. Early on the morning in which the hydrophobia first appeared, blood-letting to syncope was prescribed, and five pounds were drawn off before this effect was produced. The water-dread returned with the return of recollection; and, at eleven o'clock on the same morning, he was again blooded to the amount of eighteen ounces, when he again fainted. The spasms of the chest and throat became more permanent. At three o'clock, fourteen ounces more were taken away, when deliquium followed, suc-

GEN. I.
SPEC. VIII.
Entasia lyssa.
Remedial
treatment.
Second inten-
tion.

Additional ex-
amples.

Failure proved
upon dogs by
Magendie and
others.

And abun-
dantly proved
upon the hu-
man subject
by Trollet.

And the more
profuse the
bleeding, the
sooner a fatal
issue.

* Vol v. part ii.

† Phil. Trans. 1745, No. cccclxxv.

GEN. I.
SPEC. VIII.
Entasia lyssa.
Remedial
treatment.

Third inten-
tion : to coun-
teract the
poison by gene-
ral or specific
antidotes.

Radix Mungo.

ceeded by a considerable augmentation of the spasms, in extent as well as in violence. At seven in the evening, the respiration became frothy as well as difficult, the difficulty increased, and the patient expired in a few minutes, about twelve hours only after the commencement of the hydrophobia.

The poison of rabies has, by a numerous body of pathologists, been contemplated as of a nature akin to the poison of other venomous animals, and particularly serpents, and consequently best to be opposed by the usual remedies and specifics, to which these are found most effectually to yield. And hence, in the first place, the use of the *radix Mungo* of Kœmpfer (*ophiorrhiza Mungos*, Linn.), still supposed to be a specific for the bite of the cobra di capello and the rattlesnake. In India and Ceylon, it is used to the present day as an antidote against the bite of the mad dog : Kœmpfer highly extols it, and Gremmius, who practised with great reputation at Columbo, employed it very largely.

Acids.

Aeids and alkalies belong to the same class of antilyssics. Of the former, Agrieola, who was hostile to the depleting system, preferred the muriatic acid, and regarded this as a specific * even when restrained to a topical application. Poppius preferred the sulphuric; but, by far the greater number of practitioners, the acetous was held in most esteem. Many combined this last with butter, and used it both internally and externally : Wedel, with other materials ; “ as a cure,” says he, “ for the bite of a mad dog, let the patient drink vinegar, theriaca, and rue.” †

Alkalies.

The general suffrage, however, was far more considerable in favour of the alkalies, and especially of ammonia. There is some reason for this preference. It is well known that ammonia is a valuable medicine, whether applied externally or internally, against a variety of animal poisons. I have successfully used it, more or less diluted, in various instances, as a lotion against the sting of wasps and bees, and the bites of gnats and vipers ; and I have seen it of great service in checking the poison of the rattlesnake, and restraining the extent of the inflammation. On the continent, and especially in France, the usual form in which ammonia was formerly employed in cases of lyssa, was that of the eau de luce, a caustic spirit of ammonia, prepared with quicklime combined with rectified oil of amber, rendered more easily miscible by being rubbed into half its weight of soap. This was in general employed both externally and internally ‡, though we have several reports of a successful use of it when confined to an internal trial alone ; especially one related by M. Hervet §, and another by M. Rubiere. ||

Useful in many
animal poisons.

Eau de luce.

Mercury :

first recom-
mended by

Mercury, from its proving a specific in syphilis, and more especially from its specific action on the salivary glands, the immediate outlet of the poison of rabies, has had a strong claim to general attention ; and has been very extensively tried in various forms. It was first recommended by Desault of Bordeaux in 1736, and afterwards very confidently by Dr. James in our own

* Chirurg., p. 391.

† Exerc. Semiot. Pathol., cap. 8.

‡ Sagc, Erfahrungen, &c. p. 49. Guettard, Mémoires sur différentes Parties des Sciences et des Arts, p. 122. Paris, 1768.

§ Journ. de Médecine, tom. lxii.

|| Id., tom. lxiv.

country, as a certain cure for man and other animals. He used it both as a prophylactic at the time of the bite, and an antidote at the commencement of the disease. He employed it as well externally as internally; but his favourite form was that of the turbeth mineral, in the shape of pills. He has published a full account of his success with this medicine on Mr. Floyer's hounds, after they had made a trial of every other favourite and fashionable remedy in vain. These dogs, as we have already observed, were affected with a severe hydrophobia, which has been denied by some writers to be a symptom of the disease as appertaining to quadrupeds. All the hounds, we are told, that were salivated with the mercury, in whatever stage of the malady, recovered, and the rest died.* His experiments on mankind are less complete: for they amount to not more than three, and in each of these the medicine was employed as a preventive, shortly after the infliction of the bite; and hence, as the patients never became rabid, we cannot be sure that they had received the contagion, or would have had the disease, had the mercury never been employed. The muriate of the metal was another favourite form, which, by Loisy, was used together with inunction.

The grand object was to excite a speedy salivation, and maintain it so long as there was supposed to be any danger; and especially where the administration had been delayed till the paroxysm had shown itself. Frank, Girtanner, De Moneta, Raymond, and a host of writers upon the subject, deny, not only that mercury is a specific, but that it has ever produced a cure, in whatever way it may have been employed. Kaltschmid, on the contrary, with an unjustifiable confidence, calls it *remedium indubium* †, and De Choiseul a *méthode sure et facile*. ‡ In the fortieth volume of the *Journal de Médecine*, there is a relation in which mercurial inunction seems to have been successful in a genuine case, and I have heard of one or two other instances that have occurred in our own country.

As diuretics were supposed to possess a strong alexiapharmic power, or that of expurgating the system from animal poisons in general, these have also had their votaries, and been in high reputation, as a remedy for lyssa. Cantharides were at one time the favourite medicine under this head, or some other stimulant insect of the coleopterous order, as the meloe, lytta, or one or two species of scarabæus; which, like mercury and ammonia, were sometimes taken internally alone, and sometimes applied topically also, to keep up a perpetual irritation. Bohadsch tells us gravely, that the disease will always yield to ten cantharides powdered and introduced into the stomach §: Monconys, that the powder should be continued from the bite to the time in which we may reasonably expect the symptom of hydrophobia; and adds, that this medicine, which was regarded as an arcanum in his day, was a remedy of publicity over all Greece. || He might have extended

GEN. I.

SPEC. VIII.

Entasia lyssa.

Remedial

treatment.

Third inten-

tion.

Desault, afterwards freely employed by James, externally and internally, and regarded both as a prophylactic and antidote:

in quadrupeds as well as in man.

But to be useful must produce salivation.

His experiments on mankind incomplete.

Denied by many to be either a specific, or of any use; but regarded by Kaltschmid and De Choiseul as the only certain cure.

Diuretics.

Cantharides and other coleoptera.

* Phil. Trans., vol. xxxix. Year 1735-6.

† Dissertatio de Salivatione Mercuriali, seu indubio præservationis et curationis remedio adversus rabiem caninam. Jan. 1760.

‡ Nouvelle Méthode, sure et facile, pour le Traitement des Personnes attaquées de la Rage. Paris, 1756.

§ Posit. Zoolog. in Klinkosch. Diss. Select.

|| Voyages, i. p. 406.

GEN. I.

SPEC. VIII

Entasia lyssa.
Remedial
treatment.
Third inten-
tion.

Cantharides re-
employed by
Axter.

Ash-coloured
liver-wort, or
lichen caninus,
Linn.

Pulvis anti-
lyssus.

Emetics :

formerly em-
ployed by
Agricola :

more lately by
Satterley, with
success, but in
a doubtful
case.

his theatre ; for Egypt was as well acquainted with the general principle of this practice as Greece or Hungary ; and it is a positive exhortation of Avicenna, that whatever diuretic may be employed should be carried to its utmost acrimony, even to the discharge of bloody urine.* M. Axter of Vienna has of late revived the use of cantharides, and tells us, that he has for thirty years employed this medicine with far more success than any other, after having previously made experiments with and been disappointed in the use of all other remedies, as musk, camphor, belladonna, opium, or oil, used internally and externally, and water-bathing. But it does not seem, that he can speak further than to its supposed prophylactic powers, as he does not appear to have tried it in the acute stage of the disease.†

The ash-coloured liver-wort (*lichen terrestris cinereus Raii*) was another diuretic of great popularity, and which seems at length to have triumphed over the stimulant insects, and to have superseded their use ; on which account Linnéus changed its trivial name from *cinereus* to *caninus*. In our own country, this medicine was at one time peculiarly in vogue. It was given in powder, with an equal quantity of black pepper, a drachm and a half of the two forming the dose for an adult, which was taken for four mornings, fasting, in half-a-pint of warm cow's milk ; the patient, however, was first to lose nine or ten ounces of blood, and afterwards to be dipped in cold water for a month together, early in the morning. And such was the general confidence in this plan, or rather in the antilyssic power of which the lichen was supposed to be the most active principle, that its virtues formed one of the most common subjects of eulogy in the Philosophical Transactions at the time when Mr. Dampier introduced it to public notice at an early period of the history of the Royal Society ‡ ; while, at the earnest solicitation of Dr. Mead, the powder was admitted in the year 1721 into the London Pharmacopœia, under the title of pulvis antilyssus ; who declares, that, “when united with the previous venesection and subsequent cold-bathing, he had never known it fail of a cure §, though he had used it a thousand times in the course of thirty years' practice.”

How far emetics may be serviceable, general trial has not, perhaps, been sufficient to determine. They have often been found capable of relieving spasms of the throat, and enabling the patient to swallow liquids, when every other plan has failed. They were hence recommended by Agricola, but only, perhaps, on account of their violence upon a weakened frame, as a sort of forlorn hope, for he does not advise them till after the third day. Dr. Satterley, however, has given a case in the Medical Transactions, which he regards as rabies, in which vomiting was employed from an early period of the disease, and with very decided advantage. || But there seems to be a doubt, whether the patient here referred to laboured under genuine lyssa. He had been bitten three months before by a dog, but the fate of the dog was

* Lib. iv. Fen. vi. Tr. iv.

† Nouv. Biblioth. Germ. Medico-Chirurgicale. Paris, 1821.

‡ Mechanical Account of Poisons, art. 3.

§ Chirurg. parv. Nurüb., &c. 8vo. 1643.

|| Vol. iv. p. 345.

not known: the cicatrix betrayed no uneasiness or irritation precursive to the disease, or during its course; the hydrophobia was remittent, or intermittent, so that the patient drank liquids at times with tolerable ease; the spastic action ran to a greater extent over the muscular system than usual, so as at one time to produce emprosthotonos; and the patient did not expire till at least a week after the attack: all which are very unusual symptoms in lyssa, and have seldom, if ever, been combined in the same individual.

In lyssa, however, the nervous system appears to be that which is by far the most severely tried, and to which the disease may be most distinctly referred. And hence it is not to be wondered at that antispasmodics and sedatives should also have been had recourse to very extensively, and obtained a very general suffrage. In effect, whatever benefit in this disease has at any time been derived from ammonia, camphor, or cold-bathing, it is more easy to resolve their palliative or remedial power into the principle of their being active antispasmodics, than to any other mode of action. The more direct antispasmodics and sedatives, however, employed in this malady were musk, opium, belladonna, nux vomica, tobacco, and stramonium. The last has been chiefly tried in India, where three draclms and a half of the leaves, infused in a very large portion of water or other common drink, and swallowed daily for three days in succession after the bite, was, at one time, a very approved and popular remedy.

Musk, opium, and belladonna, however, are the antispasmodics which have been chiefly depended upon in Europe. They have sometimes been given in very large doses alone, but more generally in union with other medicines. Cullen seems doubtful of the powers of either, apparently from not having had sufficient opportunities of witnessing the disease, and their effects upon it, and hence refers us, in both instances, without venturing upon any decisive opinion of his own, "to the labours of the learned industrious Société Royale of Paris, who have taken much pains, and employed the most proper means for ascertaining the practice in this disease."* With respect to musk, he admits, however, that Dr. Johnston has given us two facts that are very much in favour of its power: and "I have," says he, "been informed of an instance, in this country, of some large doses of musk having proved a cure after symptoms of hydrophobia had come on."† Hilary says, "in these cases it acts as a sudorific;" and Gmelin regarded it as a specific antidote.‡

Opium, in like manner, when employed alone, was given in large doses, and we have numerous cases on record in which this, like the preceding medicines, is said to have operated a cure.§ But, unfortunately, neither musk nor opium, in whatever quantity employed, has been found successful in general practice. Tode more especially has pointed out the inefficiency of the latter, in the largest doses referred to||, and Raymond has confirmed his re-

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.
Third inten-
tion.

Fourth inten-
tion: to allay
nervous and
spasmodic ir-
regularities by
an employment
of antispasmo-
dics and seda-
tives.

Stramonium :

Musk :

little depend-
ence to be
placed on
either.

Opium not
much more
efficacious than
musk.

* *Materia Medica*, vol. ii. pp. 252. 380.

† *Ibid.*

‡ *Diss. de specifico antidoto novo adversus effectus morsu canis rabidi.* Tub. 1750.

§ *Dantzig, Gazette de Santé*, 1777, p. 51.

|| *Annalen*, ix. p. 33.

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.
Fourth inten-
tion.
Striking in-
stance of its
effects by in-
tro luction into
the circulation.

Belladonna in
large doses
combined with
mercury.

Useful as a
preventive.

Trials of opium
and musk
when combined,
and united
with other
means.

Tonquin pow-
der or pulvis
Cobbii.

marks.* But a late experiment of Professor Dupuytren, of the Hôtel-Dieu, has given a still more striking and incontrovertible proof of its utter inefficacy, if not in all cases of the disease, in certain states and circumstances. Surlu, a man aged twenty-four, had been bitten by a dog sufficiently proved to be mad, had been cauterised immediately afterwards, and been discharged as supposed to be cured. In about a month from the time of the bite, he was attacked with rabies in its severest symptoms, and conveyed to the hospital. Opium was the medicine determined upon, and as the constriction of the throat prevented it from being given by the mouth, a gummy solution was injected into the veins, for which the saphæna and cephalic were alternately made use of. Two grains of the extract were in this manner thrown in, and the patient was in some degree tranquillised for an hour or two: the dose was doubled towards the evening of the same day. It was repeated at intervals, and at length increased to eight grains at a time. The relief it afforded, however, was never more than temporary, and he expired on the fifth day from the incursion.† M. Trollet used it freely in the form of pills, in combination with belladonna; but in no instance had he reason to boast of his success, though he gave, in some cases, twenty-seven grains of opium, and nine of the extract of belladonna, in the course of twenty-four hours. Professor Brera employed the belladonna, but united it with mercury instead of with opium: his doses were carried gradually to a great extent, insomuch that the patients at length took the powdered root of the belladonna, to the amount of three drachms a day; and, in about forty-four or forty-six days, swallowed seven ounces and a half of this drug, and ten grains of corrosive sublimate, besides rubbing in some ounces of mercurial ointment.‡ The object was to keep the system, as much as possible, under the influence of mercury, evidenced by ptyalism, and of the narcotic effects of belladonna, so long as the combination was continued. As a preventive, it seems to have been successful: though several of the patients appear to have advanced to the first symptoms of acute affection, having had some degree of water-dread, and recurring irritation in the bitten parts, the disease did not proceed beyond these initiary steps. But we have no proof of success from this plan after the pathognomonic signs had shown themselves. The warm bath was also combined with the above practice. In like manner, musk, opium, and belladonna, have been all united; and sometimes combined with camphor, oil of amber, inunction with olive oil §, or bleeding. Musk was also at one time very generally combined with cinnabar, and in this form supposed to be peculiarly efficacious. The famous powder employed by the natives of Tonquin, and introduced into this country by Mr. Cobb, on which account it was called pulvis Cobbii or Tunguinensis, consisted of sixteen grains of musk with forty-eight grains of cinnabar, mixed in a gill of arrack. This,

* Med. Observ. and Inquiries, vol. v.

† Orfila, *Traité des Poisons*, &c. The extract of belladonna in solution, and other narcotics, have likewise been injected into the veins without success.—ED.

‡ Mem. Soc. Ital. Scienz., tom. xvii. Modena.

§ Vater, *Pr. de Olei Olivarum efficacîa contra morsum canis rabiosi*, experimento Dresdæ facto, adstructâ. Viteb. 1756.

taken at a dose, is said to have thrown the patient into a sound sleep and perspiration in the course of two or three hours; and where it did not, the dose was repeated till such effect was produced. And this medicine also was regarded as a specific during the short career of its triumph, and a cure was commonly supposed to follow the administration of the medicine.

The sedative power of several of the preparations of arsenic, however, had perhaps a fairer pretension than any of these, and especially as, like mercury, it has for ages been employed with decided benefit in Asia in the case of syphilis. Agricola mentions its use in his day*, but the forms in which it was then employed, were rude and incommodious, and they do not appear to have been followed with much success. It is to be regretted, however, that even in the elegant and manageable form of Dr. Fowler's solution, it has not been found to be more efficacious. It has of late years been tried internally in various cases, and particularly, with great skill and in full doses, by Dr. Marcet; but in every trial it has disappointed our hopes. Applied externally, as a preventive, to the bitten part, Dr. Linke, of Jena, thinks it has succeeded; but as his trials were made on dogs inoculated from the froth of rabid animals after death, no dependence can be placed on them.

Under this head I may also observe, that the Prussic acid has occasionally been had recourse to, but without any apparent benefit. In the form of the distilled water of the *prunus Lauro-cerasus*, it was not long since made a subject of experiment at Paris by Baron Dupuytren, who injected this fluid into the veins of various dogs, and appears to have done so in one instance into those of a man: but in every case without effecting a cure.

There are two or three other remedies, which it is difficult to arrange, but which have also acquired a considerable celebrity in the cure of lyssa; and hence it is necessary to notice them.

The first is the Ormskirk medicine, so called from its preparer, Mr. Hill of Ormskirk, supposed, for the inventor could not be prevailed upon to publish his secret, to consist of the following materials: powder of chalk, half an ounce; armenian bole, three drachms; alum, ten grains; powder of elecampane root, one drachm; oil of anise, six drops. The single dose, thus compounded, is to be taken every morning for six times in a glass of water, with a small proportion of fresh milk. If this be the real formula, and the analysis of Dr. Black concurred with that of Dr. Heysham in determining it to be so, the inventor seems to have contemplated the specific virus to be an acid, for the basis of this preparation is unquestionably an alkaline earth. And with regard to its occasional efficacy, the latter writer, following the general current of opinion of the day, informs us, that this has been so thoroughly established by experience, that there can be no room to doubt it. Dr. Heysham himself, however, admits of various cases in which it failed, while in many instances his successful ones do not afford proofs of an existence of the genuine disease.†

The second of the anomalous remedies I have just referred to, might possibly have been introduced under the head of the com-

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.
Fourth inten-
tion.
Arsenical pre-
parations.

Prussic acid.

Anomalous
remedies:

Ormskirk
medicine:

its basis alka-
line.

* Comment. in Popp., p. 54.

† Diss. Med. Rabie Caninâ, 8vo.

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.
Anomalous
remedies.
Alyssum or
madwort.

mon antidotes for the bites of venomous animals; but as it has reputed powers in some degree peculiar to itself, it is best to notice it separately. This is the alyssum, or *alysma Plantago* (madwort plantain), of established reputation in America as a specific for the bite of the rattlesnake, where it seems to rival the imprescriptible claims of the *ophiorrhiza Mungos*, though its juice is generally given in combination with that of the common horehound—an addition that certainly does not promise much accession to its strength.

This species of alyssum has for some ages been a popular remedy for canine madness, especially in the north of Europe: and in a late communication to Sir Walter Farquhar in the Russian tongue, translated and published in Mr. Brande's Journal*, we are told that it still retains its popular sway and reputation over a great part of the Russian empire, and that in the government of Isola it has never failed of effecting a cure in a single instance for the last five-and-twenty years. The preparation is simple: the root is reduced to a powder, and the powder is to be eaten by being spread over bread and butter. Two or three doses are said to be sufficient in the worst cases, and will be found to cure mad dogs themselves.

Other plants.

The butcher's broom (*genista tinctoria*), and side-leaved scull-cap (*scutellaria laterifolia*), have however rivalled the reputation of the plantago; and, in our own day, the first is powerfully recommended by M. Marochetti of Moscow, in the St. Petersburg Miscellanies of Medical Science, as employed with great success in the Ukraine; and the second by Dr. S. Spalding of New York, who tells us that it has been successful in America in upwards of a thousand cases, not only in men, but in dogs, swine, and oxen.

Rabid blood.

The next remedy I have to notice is also of extensive use in the present day, and comes before us with no mean authority. Whilst the medical practitioners of the East are pursuing their plan of abstracting rabid blood from the system, as the surest means of curing canine madness, the physicians of Finland have undertaken to accomplish the same effect, by introducing rabid blood into the morbid frame. In the second number of the Hamburgh Medical Repository, Dr. W. Rithmeister, of Powlowsk in Finland, has given an article, in which he has collected a multiplicity of striking cases, and various authorities, in proof that the blood of a rabid animal, when drunk, is a specific against the canine hydrophobia, even where the symptoms are most strongly marked. The rabid wolf-dog, or other quadruped, is, for this purpose, killed, and its blood drawn off and collected as an antilyssic ptisan. Dr. Rithmeister's communication contains a letter to himself from Dr. Stockmann of White Russia, confirming this account, and stating the practice to be equally common and successful in his own country.

Chlorine.

I will only add, that a discussion has lately taken place between two Italian physicians of distinguished reputation, Professor Brugnattelli of Pavia, and Professor Valetta of Milan, upon the virtues of chlorine as an antidote for the disease in question. The former has strongly recommended it †, and the latter has denied that it is of any use ‡; in answer, however, to which denial, Professor Brugna-

* Journal of Sciences and the Arts, No. ix. p. 142.

† Giornale di Fisica, &c. Pavia, Dec. 1816.

‡ Biblioteca Italiana. Gennaj. 1817.

telli has adduced various authenticated facts, by which what he calls the *specific* powers of the chlorine have been established and verified.*

I have thus endeavoured, upon a subject of so much interest and importance, to put the reader into possession of the general history of the practice that has hitherto prevailed; and he will at least allow, that if the result be highly unsatisfactory — as most unsatisfactory it is — such conclusion does not result from idleness on the part of the medical profession.

But how are we to reconcile the clashing and contradictory statements which the present analysis unfolds to us? This is a question of no easy solution. Yet there are many circumstances which ought to be borne in memory, and will, in a certain degree, account for such opposite views and decisions, without rudely impeaching the veracity of any of the experimenters.

In the first place, it is possible, that the morbid poison itself, like that of plague or intermitting fever, may vary, in its degree of virulence, in certain idiosyncrasies, certain countries, or certain seasons of the year; and hence that a medicine, which has proved useless in general practice, may succeed in particular persons, particular places, or at particular periods; or, if inactive in itself, may be employed in so much milder a degree of the disease, that the constitution may be able, in most or many instances, to triumph over it by its own powers alone.

It is a just remark of Celsus, that *omnis ferè morsus habet quoddam virus*†; and we have already given proof, that this is particularly the case when the animal that bites is labouring under the influence of violent rage or other sensorial excitement: the symptoms incident upon which produce a severe effect upon the nervous system, and often simulate those of genuine lyssa. And hence, there can be little doubt, that these symptoms have often been mistaken for lyssa, and have given a celebrity to the medicines employed for their cure, to which they were never entitled. In various cases, as we have already seen, the disease commences almost coetaneously with the external injury, or inoculation; in others, not till months or even years afterwards. In some instances, the first symptoms of the disease show themselves in the

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.

Conciliation
of clashing
opinions and
practice.

Remedies ser-
viceable in
some cases,
though not in
others.

Cases supposed
to be genuine
lyssa not al-
ways so:
hence some
medicines cele-
brated for cures
they never per-
formed.

Variable nature
of the symp-
toms in lyssa
has often led to
deception.

* Giornale di Fisica, &c. Pavia, Febbraj. 1817.

M. Magendie (Journ. de Physiol. Expér., tom. i. p. 44. &c.) conceived, that the sudden production of an artificial plethora might have the effect of arresting this ungovernable disease, and with this view he injected about a pint of warm water into the veins of a hydrophobic patient; but though the operation relieved for a time the violence of the symptoms, death took place nine days after the experiment. The patient having lived, however, much beyond the usual period after the dread of water had commenced, hopes were entertained that this plan might prove more successful in subsequent cases; but experience has now fully shown, that the injection of water into the venous system, is of as little use as every thing else that has hitherto been suggested for the purpose of curing the disorder, after it has been decidedly formed. The guaco, a vegetable matter employed in South America as an antidote for the bites of serpents, has been strongly recommended as a remedy for hydrophobia. It has been tried in this country by Dr. Roots, Dr. Elliotson, and others; and though in one or two instances a temporary amendment followed its exhibition, the patients all died about the usual period, namely, on the third or fourth day from the commencement of decided hydrophobia. — ED.

† De Medicinâ, lib. v. x.

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.

Where many
persons bitten
at the same
time, the
poison not
equally applied
to all: whence
some have
been supposed
to derive a
prophylactic
power from
medicines
which they do
not possess.

Illustration of
several of the
above remarks.

bitten part, and even this in a very different manner; for there may be a troublesome sense of numbness, or of irritation; and this irritation may be confined to the cicatrix, or travel up the limb, and produce acute pain or spastic action: while, in other instances, there is no local affection whatever through the entire progress of the malady. Ordinarily speaking, hydrophobia, or water-dread, is one of the most common as well as one of the severest symptoms of the disease; yet there are instances, even where the rabies has terminated fatally, in which water-dread has not been once complained of. Most commonly again, on an early examination after death, the fauces and parts adjoining are found red and inflamed; but we have already observed, that Morgagni dissected patients in whom there was no such appearance whatever: and in two bodies, examined after death by Dr. Vaughan, the fauces, œsophagus, stomach, diaphragm, and intestines, were all in a natural state.

There can be little or no doubt, moreover, where many persons are bitten in quick succession by the same rabid animal, that the poison is not equally introduced into all of them. In some cases it may be expended entirely upon the earlier victims, and hence the rest, though bitten, may be free from the virus; while in others, where the teeth have to pass through various foldings of clothes, it is possible that the virus which still remains, may be wiped off in its passage, and the laceration be nothing more than a clean wound from the first. And in all such cases a sanguine experimenter, without allowing for these circumstances, will be apt to persuade himself, whatever medicine he makes use of, that the absence of the disease is owing to the efficacy of the plan or the medicine he has prescribed, and which he is hence tempted to hold up to the world as an antidote or specific.

Some of these remarks will best explain the very different results of the same mode of treatment, in the eleven patients intrusted in 1775 to the care of M. Blaise of Cluny, after having been dreadfully bitten and torn by a mad wolf. The principal remedy was mercurial inunction, though combined with antispasmodics. The mercury was carried on in all of them to salivation, and the treatment continued for above a month, in those that lived long enough for this purpose. One died with great horror and water-dread about the twelfth day from the injury, and after the mercury had begun to act. A second perished under hydrophobia, furious, and at length comatose, just at the close of a month, his mouth and gums being slightly affected by the mercury. A third died nearly six weeks after the commencement of the mercurial plan, having been taken away by his friends on the eighteenth day, apparently in a state of doing well. The remaining eight, after having exhibited greater or less symptoms of spasmodic affection, but never amounting to hydrophobia, are said to have recovered, and were discharged accordingly*; but, in a subsequent work, M. Blaise informs us, that even one of these died in a paroxysm of hydrophobia six weeks after his discharge and supposed restoration to health.†

* Méthode éprouvée pour le Traitement de la Rage.

† Hist. de la Société de Médecine, tom. ii. Dr. Elliotson saw two little girls, sisters, who were bitten at the same moment by a dog, and in the same part, namely, the face. One of them died, and the sister had the symptoms which

In all these cases, the success is ascribed to the action of the mercury, and the want of success to some irregularity or other, committed by the patient while under medical care. The enormities, however, are in general rather far fetched, and not very convincing. Thus, in the last of the above cases, it is ingeniously observed, that the man who had been so long discharged as well, *four* days only before the symptoms of hydrophobia appeared on him, had thrust his arm down the throat of an ox which was said to be mad; though no proof is offered that the ox was really mad, nor is it pretended, that even this reputed mad ox inflicted any bite upon the arm whatever. Who does not see, that, in all these cases, the mercury may have been guiltless of exercising any controul? that those who died may have died in consequence of an effective lodgment of the virus in the wound inflicted, and that those who survived may have survived because it obtained no admission to the bitten part?

It is, moreover, highly probable that a spontaneous cure is occasionally effected by the strength of the constitution, or the remedial power of nature alone. The fact appears to be, that the disease requires about six or seven days to run through its course, at the expiration of which period the system seems to be exonerated, by the outlet of the salivary glands, of the poison with which it is infested. And hence, if by any means it be able to sustain and carry itself through this period, without being totally exhausted of nervous power in the course of so protracted and prostrating a conflict, it will obtain a triumph over the disease; and any prescribed medicine, made use of on the occasion, will seem to have effected the cure, and will run away with the credit of having done so, till subsequent instances dissolve the charm, and prove beyond contradiction the utter futility of its pretensions. I have already had to observe, that the contagion of lyssa, though highly malignant, is neither remarkably volatile nor very active, and in every instance, perhaps, requires some exciting or predisponent cause to enable it to take effect: but, as it seems to be more indecomposable than any other contagion we are acquainted with, it is capable of lying latent and undissolved for months, if not years, till it meets with a cause of this kind. And hence the very long and uncertain interval, which sometimes occurs between the attack of the rabid animal, and the appearance of rabid symptoms, has often proved another source of deception; of which we have a singular example in Mr. Nourse's case, related in an early volume of the *Philosophical Transactions**, which states, that a lad, who had been bitten in the thumb by a mad dog, took morning and evening for forty days a drachm of the pulvis antilyssus already described, and bathed in the sea for ten days in succession. He was in due time reported to be well, and the cure was altogether ascribed to the specific virtues of the antilyssic powder. He was shortly afterwards cut for the stone, from which also he recovered: NINETEEN

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.
Different re-
sults of the
above cases
capable of
being differ-
ently accounted
for.

Rabies some-
times, perhaps,
cured spon-
taneously.

The inactivity
of the poison,
and length of
interval before
it often oper-
ates, other oc-
casional causes
of deception.
Strikingly ex-
emplified.

commonly usher in hydrophobia; but, after lasting four or five days, they ceased, and she recovered. Facts of this kind prove, at all events, that the constitutional disturbance, preceding the occurrence of actual hydrophobia, is not absolutely irremediable, and that, in this stage, the patient may be saved. — ED.

* No. 445.

GEN. I.
SPEC. VIII.
Entasia lyssa.
Medical
treatment.

Exciting cause
present though
not noticed.

Analogous re-
marks and il-
lustrations by
Percival.

Further illus-
tration ;

in which pro-
fuse bleeding
and large doses
of opium of no
use.

The influence
of occasional
causes very
considerable.

Violence and
complexity of
the means em-
ployed have
probably some-
times proved
mischievous.

MONTHS after which operation, however, he was attacked with hydrophobia and the other symptoms of canine madness, and fell a victim to their violence. Had this patient died under the operation of lithotomy, or from any other circumstance in the interval, the virtues of the antilyssic powder would have obtained a complete, and indeed a rational triumph in this instance: and even now there may be a question whether the appearance of the disease was not retarded by the plan pursued, though its specific power can no longer be maintained for a moment. The occasional exciting cause which, in this instance, at length gave activity to the dormant virus, is not pointed out to us. But it is difficult, if not impossible, to account, without such a cause, for the quickening of the lurking seminum of the poison at this time rather than at any other.* And the following valuable remarks of Dr. Percival, occurring in his manuscript comment on the author's volume of Nosology, in relation to this subject, are in full illustration of the same opinion.

"A wine porter was attended, in Dispensary practice, for a low fever: after a time appeared symptoms of lyssa; and much enquiry elicited the recollection of his having been slightly bitten by a dog six weeks before. In the interval he was convicted of some fraudulent practice in the cellar of his master, to whom he owed great obligation, and was dismissed with disgrace. Anxiety on this event seemed to produce the fever, which terminated in lyssa.

"Lately, an officer in our barracks was bitten by a dog, whose madness being recognised, the bitten part was excised immediately. After an undisturbed interval of two months, he was advised to go to England to dissipate the recollection of the accident: there he exercised himself violently in hewing wood; felt pain in the hand which had been bitten; embarked for Ireland; had symptoms of hydrophobia on board the packet, and died soon after his arrival.

"I have lately seen a case of hydrophobia treated ineffectually by most profuse bleeding and large doses of opium. Here, too, the bitten part was extirpated by caustic within an hour. The patient was a man of steady mind, nor could any occasional cause be assigned for bringing the poison into action, except that a bilious diarrhoea was suddenly checked.

"From the varying period of attack we might infer, that the influence of occasional causes is very considerable. In the last patient, hydrophobia supervened exactly five weeks from the time of the bite; he lost a hundred and eight ounces of blood in twelve hours, which sunk him much; violent perspiration, and at length delirium, attended the water-dread: during the last twenty-four hours he swallowed, and recovered his senses; and died slightly convulsed whilst cutting an egg. These cases seem to point out agitation of mind and feverish excitation as powerful occasional causes."

In a disease so intricate as lyssa, a very complex treatment is by no means unpardonable; but it may fairly, I think, be questioned,

* It deserves to be recollected, however, that modern practitioners do not puzzle themselves about the exciting cause, in cases where the syphilitic poison first produces constitutional symptoms several weeks or months after the application of the virus, and the formation of a chancre. — Ed.

whether the complexity and the energy of the means employed to produce a cure may not rather, in some instances, have had an opposite effect, and have hastened and confirmed a fatal issue. A patient bitten by a mad dog, having in vain tried and persevered in the use of the Ormskirk medicine, was next put under the joint care of Dr. Watson and Dr. Fothergill. Having been bled standing, as long as he could stand, he was next immersed in a warm bath, where he was ordered to remain till he again became faint; a clyster of milk and water with a drachm of Dover's powder dissolved in it was injected as soon as he was removed from the bath; half an ounce of mercurial ointment was at the same time rubbed into the legs and thighs, and three grains of thebaic extract given in the form of pills, two grains being ordered to be continued every hour till he became sleepy.

To stand the brunt of a treatment, thus vigorous, would demand no ordinary constitution, even without the co-operation of any disease. But that the wretched sufferer should sink (as he did, in a few hours,) under the assault of such a malady and such a mode of cure, cannot be matter of surprise.

The whole subject is afflictive, as well in respect to its treatment as its progress. But how, after all, is a young practitioner to proceed when he meets with a case of rabies? This is a most important question; and the following remarks, submitted with great deference as the result of some little personal experience and no small degree of reflection, are meant to meet it, and to point out the path which, in the present unsettled state of the subject, it may perhaps be most expedient to adopt.

From the whole of the preceding survey it is sufficiently clear that we have no direct specific for the cure of the disease; and, hence, whatever plan we employ, must be palliative only. It appears, also, that the disease consists in a poison of a peculiar kind, capable of assimilating some of the animal secretions to its own nature, and that the new matter, or contagion, hereby produced, continues to be eliminated for five or six days principally, if not entirely, from the excretories of the salivary glands, as the inflammation of gout unloads itself on the extremities, and the specific matter of exanthems on the surface generally; and that, at the expiration of this period, or as soon as such depuration has been effected, the disease abates, and the patient is restored. It appears, also, that the disease is one of the most dangerous in the whole catalogue of nosology, and that few patients recover from it under any plan of medicine that has ever been devised: but that, nevertheless, some patients have recovered under almost every mode of treatment, however incongruous and contradictory to other modes; and, hence, that many cases of restoration must be rather referred to a natural or spontaneous cure, than to the virtue of medicines.

In this state of things, it seems reasonable that our first intention should consist, as in various other kinds of animal poisons communicated in the same manner, in supporting the system generally, and the nervous part of it more particularly, so that it may not sink under the violent excitement and augmented secretion which the organ of the nerves has to encounter during so perilous a struggle. And it is to this principle we have to resolve all the benefit, which has at any time been found to result from the use of the stimulant theriacas and other cordials of the old

GEN. I.
SPEC. VIII.
Entasia lyssa.
Treatment.
Exemplified.

Hence the subject of treatment highly difficult and afflictive.

General result and recommended process.
No direct specific, and hence whatever plan is pursued can be palliative only.
Poison of lyssa of a peculiar kind, and requires five or six days to be thrown off, and perhaps altogether at the salivary glands; after which the disease abates.

Hence the system to be supported generally, and especially the nervous part of it,

GEN. I.
SPEC. VIII.
Eutasia lyssa.
Treatment.

by cardiacs and
diffusible
stimulants :
occasionally by
wine and ar-
dent spirits.

The spastic ac-
tion to be
diminished by
as much quiet
as possible and
a prohibition of
unnecessary
exertion.

By sedatives,
and especially
opium, com-
bined with some
diaphoretic, as
Dover's
powder.

The morbid
matter to be, if
possible, elim-
inated from the
body, and
chiefly by
means of the
salivary glands,
by the use of
mercury.

Its apparent
advantage in
many cases re-
solvable into
this principle.

practitioners. On this account, ether, ammonia, and camphor, have a strong claim on our attention, and especially the two last, as they may be given in a solid form. All the pungent spices belong to the same class, as cardamom-seeds and capsicum, and may be adverted to as auxiliaries ; nor should wine or even ardent spirits be refrained from, if the patient can be induced to swallow them ; moderately through the entire course of the disease, but liberally and profusely as his strength declines. Our grand object must be to keep him alive, and prevent a fatal torpitude in the sensorium for a certain number of days, at any expense of stimulants, or of subsequent debility. Wine is profusely given with great success in the bite of the most venomous serpents of the East, and analogy justifies us in proposing it in the present instance.

Our next intention should be to diminish, as much as possible, the spastic action of the chest and fauces, and to prevent a return of the exacerbations. And to this end as much quiet and composure as we can possibly procure, under so restless a state of body, seems imperatively called for, and is far more likely to be serviceable, than the fatigue of taking the patient repeatedly out of bed for the purpose of plunging him either into a hot or a cold bath. And though opium has never of itself, perhaps, produced a cure, it seems advisable to try it in liberal doses ; and the more so, as several of the cases already adverted to afford a direct proof, that it is capable, occasionally, of producing some degree of tranquillity for a short period. In employing it, however, it seems most reasonable, from analogy, to combine it with some diaphoretic, and particularly with ipecacuan in the form of Dover's powder, since, at all times, the animal frame is most disposed to be quiet and free from irregular actions when there is a general moisture upon the surface. In many cases of rabies, such a state of body has been found unquestionably favourable ; and in one of the instances, already quoted from the Medical Transactions, the benefit was so striking, that the practitioner could not avoid regarding it as critical. It is possible, also, though no great stress can be laid upon this remark, that a part of the virus itself may be hereby eliminated, as in various other cases of animal poisons.

To obtain and encourage such elimination should indeed be our first object, if we had any means of accomplishing it upon which we could fully depend. This, however, we have not ; but as the quarter to which the virus is directed is the salivary glands, of which, indeed, we have full proof in consequence of the saliva being the fomes of the poison apparently as soon as it becomes elaborated, and as we have a medicine which possesses a specific influence on this organ, and is capable of augmenting its secretion to almost any extent, it seems of the utmost importance that, while we endeavour to support the system, and to allay the nervous irritation, we should endeavour at the same time to quicken the elimination of the morbid matter, by exciting the salivary excretories, and thus probably also carrying it off in a diluter and less irritant form. It is difficult to withhold one's assent to all the numerous instances of cure, which are so confidently asserted to have followed the use of mercury carried to the point of free salivation. And hence, without allowing this medicine to be a specific more than any other, we may indulge a reasonable hope of its forming a

good auxiliary, and should employ it freely, either externally, internally, or in both modes simultaneously, but with as little disturbance to the patient as possible, till a copious ptyalism is the result.

Fever, or inflammatory action, does not necessarily belong to lyssa in any stage; and the present mode of treatment is altogether grounded upon this principle. Either, however, may become incidentally connected with it, from the peculiar state of the habit or some other cause. Hence, as a preventive, the bowels should be kept moderately open; and when there is any just apprehension of plethora, or a turgid state of the vessels, and particularly of the brain, blood should be drawn freely from the arm, and, if necessary, be repeated. We have already seen that such a state of congestion is sometimes produced even at the onset of the disease, and is so forcibly felt by the patient himself, that he earnestly entreats the medical attendant to bleed him. Such entreaty should, perhaps, never be urged in vain; but the bleedings to deliquium, which have of late years been so strongly recommended, are a rash and dangerous practice.*

Such, in the doubt and darkness that at present beset us concerning the real physiology of lyssa, seems to be the safest and most promising path we can pursue. Our best time for action, however, and almost the only time we can improve, is immediately on the infliction of the wound: a tight ligature above which, with the treble precaution of the cupping glass, excision, and cauterisation, may in general be regarded as an effectual preventive. I do not know, indeed, that the profession is acquainted with any other.† It has, however, been proposed in France, to fight off the poison of lyssa by preoccupying the ground with the poison of a viper, upon the principle of combating variolous with vaccine matter: and for this purpose it has been suggested, that the part bitten by a mad dog should be again bitten, a little below the wound, as soon as may be, by a venomous serpent, whose virus, from its greater activity, will, in most cases, be certain of taking the lead, and may, it is presumed, guard the constitution against any subsequent effects from the wound of the mad dog. I have not, however, heard that this proposal has ever been carried into effect, and the claim of ingenuity is, most probably, the whole it will ever have to receive.‡

I ought not, however, to conclude without noticing one very extraordinary fact in the economy of morbid poisons, and especially of that before us, which I have had confirmed by the testimony of several veterinary practitioners entitled to credit. It is, that no dog who has ever had the *distemper*, as it is called, which is the canine catarrh or influenza, has been known to become rabid

GEN. I.
SPEC. VIII.
Entasia lyssa.
Treatment.

Fever, or inflammatory action, has sometimes associated: and hence to be guarded against by gentle aperients: and sometimes by a free use of the lancet: especially when the patient entreats to be bled, from a sense of congestion.

Importance of intermediate process upon the infliction of the wound.

Poison of viper proposed as an antidote to that of mad dog.

Contagion of canine catarrh said to emanate from a power of generating rabies:

* Instead of persevering in these and other plans, which, when allowance is made for the ambiguous nature of many imperfectly reported recoveries, and the influence of the remedial powers of nature, cannot be said positively to have done effectual good in a single example, practitioners ought undoubtedly to make new experiments on the subject. If we always continue in the same path, we shall never discover the long desired object, namely, a method of treatment which can be depended upon. — EN.

† Dr. Marochetti's prophylactic treatment has already been mentioned. — EN.

‡ By referring to the article "hydrophobia" in the Dictionary of Practical Surgery, the reader will perceive, that this expedient has really been tried. — EN.

GEN. I.

SPEC. VIII.

Entasia lyssa.
Treatment.

but not of re-
ceiving it by
contact.

Use to be made
of this fact if
true.

Collateral facts
in support of it.

spontaneously, though he is capable of receiving the disease by the bite of another dog. If this be true, for which however I cannot fully vouch, we have certainly another instance of morbid poisons mortally conflicting with each other; and it might be worth trying how far inoculation with the matter of canine catarrh might succeed in protecting a human subject after the infliction of a rabid bite; though in the dog, perhaps from a stronger predisposition to rabies, it seems to be impotent. In South America, rabies, as already observed, is altogether unknown, and I have hence been anxious to learn, whether the distemper be unknown there also; and, in answer to this enquiry, it has been told me, by several intelligent residents in that quarter, that this last disorder is so common and so fatal, that two-thirds of the dogs littered there perish of it while pups: a remark, which still further confirms the home-report concerning its influence on rabies, and may partly explain the non-existence of the latter on the shores of the Plata.

SPECIES IX.

ENTASIA ACROTISMUS.

PULSELESSNESS.

FAILURE OR CESSATION OF THE PULSE, OFTEN ACCOMPANIED WITH PAIN IN THE EPIGASTRIUM; THE PERCEPTION AND THE VOLUNTARY MUSCLES REMAINING UNDISTURBED.

GEN. I.

SPEC. IX.

Origin of the
specific term.

Asphyxia some-
times used sy-
nonymously.

Failure of
pulsation some-
times general,
sometimes
limited.

Importing de-
bility of the
heart and
arteries; and
mostly con-
nected with a
spasmodic
disposition.

ACROTISMUS is literally "defect of pulse," from *κρότος*, "pulsus," with a privative *α* prefixed: whence the technical term *crotophus* or *crotophium*, importing "painful pulsation or throbbing in the temple." Asphyxia is the term employed for this disease by Ploucquet, and would have been used in the present arrangement, but that it has been long appropriated to import suspended animation or apparent death; a total cessation, not of the pulse only, but of sense and voluntary motion.

This failure or cessation of pulsation sometimes extends over the whole system, and is sometimes confined to particular parts. In every case, it imports an irregularity in the action of the heart, or of the vessels that issue from it, and, in most cases, an irregularity proceeding from local or general weakness, and dependent upon a spasmodic disposition hereby produced in the muscular tunic of the vessels. Of this last cause, we have a clear proof in the universal chill and paleness that spread over the entire surface in the act of fainting or of death, to which fainting bears so striking a resemblance. Except, however, in the agony of dying, the spasmodic constriction for the most part soon subsides, and the arteries recover their proper freedom and diameter. Yet this is by no means the case always, for in violent hemorrhages, and especially hemorrhages of the womb, the rigidity has sometimes continued for several days, during the whole of which time the

heart has seemed merely to palpitate, and there has been no pulse whatever. Morgagni relates, from Ramazzini, a case of this kind which extended to four days. The patient was a young man of great strength and activity, even during this suppression. The arteries were as pulseless as the heart; and through the whole period he was quite cold to the touch, and without micturition. On the fourth day he died suddenly.* Examples, indeed, are by no means uncommon, in which the spasm has existed for three †, four, or even five days ‡ before death.

Other irritations, besides that of weakness, have occasionally led to a like spastic state of the arteries. The stimulus of an aneurism of the aorta has produced it in the brachial arteries, so that there has been no pulse in the wrists §; and gout or some irritation in the stomach has operated in like manner on the arterial system to a much greater extent; as has likewise general pressure on the larger thoracic or abdominal organs, from water in the chest or cavity of the peritoneum. The cause, however, is not always to be traced, and hence Marcellus Donatus has given an instance, which he tells us was unaccompanied with any disease whatever ||; the irritation probably having subsided. Berryatt, in the History of the Academy of Sciences, has furnished us with a very singular example of this disease, which was general as well as chronic, and continued through the whole term of life. In all which cases, however, though the heart itself should seem to participate in the pulselessness, we are not to suppose, that it is entirely without any alternation of systole and diastole, but only that its action is indistinct from weakness or irregularity. In treating of the nature of the pulse in the Physiological Proem to the third class, we observed, that it is in some persons unusually slow, and has been found, as measured by the finger, not more than ten strokes in a minute: and that, in many of these cases, the cause of retardation seems to be a spasticity or want of pliancy in the muscular fibres of the heart or arteries, or both, rather than an actual torpor, which is also an occasional cause. I have never met with any case, in which the ordinary standard of the pulse was not more than ten strokes in a minute; but I have at this time a patient, of about thirty-six years of age, whose pulse has not exceeded twenty-four or twenty-six strokes, and has often been below these numbers. He is a captain in the Royal Navy, of a sallow complexion and bilious temperament; till of late he enjoyed good health, but, about three years since, was attacked with a fit of atonic apoplexy from which he recovered with difficulty. At an interval of a few

GEN. I.
SPEC. IX.
Entasia acro-
tismus.
Exemplified.

Other irrita-
tions than that
of weakness are
sometimes
causes.

Sometimes
habitual after
the irritation
has subsided.
Hence has at-
tended through
the whole of a
long life.

In all which
cases the heart
probably beats,
though indistinctly.

Great retard-
ation of the
pulse not un-
common,
sometimes
amounting to
only ten strokes
in a minute.

Exemplified.

* De Sedibus et Causis Morb. Ep. XLVIII. Lugd. Bat. 4to. 1767.

† Pathology, p. 25.

‡ Pelargus, Med. Jahngange., band v. p. 23.

§ The hypothesis of such a degree of spasm as is here referred to, and supposed to be capable of rendering the large arteries impervious, is one that would not be generally adopted by modern practitioners. Many physiologists, perhaps all the most eminent ones, consider the small arteries as possessing the power of becoming completely constricted by a kind of action that may be sometimes spastic, but a contraction of the arterial trunks in this degree is a position that could not be so well established. In aneurisms of the arch of the aorta, the occasional interruption of the pulse can be explained on a better principle, and one confirmed by dissection; namely, the manner in which the disease obstructs or breaks the impetus of the blood destined for the upper extremities. — ED.

|| Lib. vi. cap. ii. p. 620.

GEN. I.
SPEC. IX.
Entasia acro-
tismus.

weeks from each other, he had several other fits; on recovering from the last of which he instantly married a young lady to whom he had for some time been engaged. He has now been married about fifteen months, has a healthy infant just born, and has had no fit whatever. His spirits are good, and he is residing by the sea-side, which situation he finds agree with him best.

Further illus-
tration.

Dr. Latham gives a similar example in a merchant whose pulse, though never intermissive, seldom, for ten or twelve years that he had known him, exceeded thirty-two beats in a minute; occasionally was as slow as twenty-two, and at one time only seventeen. "I once," says Dr. Latham, "attended him through a regular fever, when his pulse was not more than sixty, notwithstanding the disease ran on for at least a fortnight with a hot and dry skin, white and furred and parched tongue, and occasional delirium."*

In these anomalies often a want of harmony in the stroke of different arteries.

In many of these anomalies, there is not only no perceptible pulse, or a very retarded one, but often intermissions more or less regular, and occasionally a want of harmony between the stroke in some of the arteries compared with that in others. Reil gives a case in which the heart, the carotids, and the radial arteries all pulsated differently †; and Beggi another, in which the acrotism, or want of pulsation, extended over the entire frame, with the exception of the heart, which pulsated violently. ‡

Acrotism
strikingly ex-
emplified in J.
Hunter, as re-
lated in his life
by Home.

This species is strikingly exemplified in the biographical sketch of Mr. J. Hunter, drawn up and prefixed to his volume on Blood and Inflammation by Sir Everard Home. Mr. Hunter, for the four preceding years, had annually suffered from a fit of the gout in the spring. In the year 1773, this did not return, and having, on a particular occasion, been greatly affected in his mind, "he was attacked," says Sir Everard Home, "at ten o'clock in the forenoon, with a pain in the stomach, about the pylorus: it was the sensation peculiar to those parts, and became so violent that he tried change of position to procure ease; he sat down, then walked, laid himself down on the carpet, then upon chairs, but could find no relief: he took a spoonful of tincture of rhubarb, with thirty drops of laudanum, but without the smallest benefit. While he was walking about the room, he cast his eyes on the looking-glass, and observed his countenance to be pale, and his lips white, giving the appearance of a dead man. This alarmed him, and led him to feel for his pulse, but he found none in either arm. He now thought his complaint serious. Several physicians of his acquaintance, Dr. William Hunter, Sir George Baker, Dr. Huck Saunders, and Sir William Fordyce, all came, but could find no pulse: the pain still continued, and he found himself, at times, not breathing. Being afraid of death soon taking place if he did not breathe, he produced the voluntary act of breathing, his working his lungs by the power of the will, the sensitive principle with all its effect on the machine not being in the least affected by the complaint. In this state he continued for three quarters of an hour, in which time frequent attempts were made to feel the pulse, but in vain. However, at last the pain lessened, and the pulse returned, although at first but

* Med. Trans., vol. iv. art. xx.

† Memorabilia Clinica, vol. ii. fasc. 1. 6. Hall. 1792.

‡ Opp. Pacchioni. Rom. 4to. 1741.

faintly, and the involuntary breathing began to take place. While in this state, he took Madeira, brandy, ginger, &c., but did not believe them of any service, as the return of health was very gradual. In two hours he was perfectly recovered."*

This is one of the most extraordinary cases on record, considering the extensive group of important functions that were jointly affected, and the total freedom of the rest: and nothing can more strikingly prove, how close is the sympathy that in many instances prevails between discontinuous organs, the chief disease having prevailed in the heart, and the chief pain in the stomach on its upper side.

The nature of the pain and the collateral symptoms seem sufficiently to show, that this disease was of a spasmodic kind; for the deficiency of pulse was subsequent to the pain, and ceased upon its removal, while the deadly paleness of the face gave proof of a constriction of the capillaries.

So far as my own experience has extended, such failures of the pulse, whether consisting in a total suspension or a preternatural retardation, and attended with acute or with very little pain, are dependent upon a diseased state of the larger arteries, or the larger viscera of the thorax or abdomen, and generally lead to sudden death. The case of the captain of the navy, which I have just related, and which was drawn up while the first edition of this work was in the press, I may now apply to in illustration of this remark; for I have since been informed by his sister, that while at Swansea, apparently in as good health as he had ordinarily enjoyed for several years, he was attacked with a fit of apoplexy, which carried him off in less than an hour. Such, too, was the fate of Dr. Latham's patient, for we are told, that "one day, when in complete health, as he then considered himself, he dropped down in the street and expired." And so sudden was the decease of Mr. J. Hunter, that feeling himself unwell while in the course of his professional attendance at St. George's Hospital, he went into an adjoining room, gave a deep groan, and dropped down dead.

In all cases of this kind, therefore, the mode of treatment must depend upon the nature of the exciting or pre-disponent cause, as far as we are able to ascertain it. Where the cause is constitutional, a sober, quiet, and regular habit of life, with a due attention to the ingesta and egesta, and particularly to a tranquillised state of mind, will often enable the valetudinarian to reach his threescore and tenth year with cheerfulness and comfort; but he must content himself with

— the cool sequestered vale of life,

and not form a party in its contentions and its glitter, its bustle and "busy hum."

Where the affection appears to be dependent upon a particular state of any one of the larger thoracic or abdominal organs, as the heart itself, the lungs, the stomach, or the liver, our attention must be specially directed to the nature of the primary disease. And, in these cases, it is often essentially relieved by some vicari-

GEN. I.
SPEC. IX.
Entasia acro-
tismus.

This case highly extraordinary, and strikingly elucidating a close sympathy often prevailing between discontinuous organs.

All such cases commonly connected with a diseased state of the larger arteries or viscera, and lead to sudden death.

Exemplified.

Mode of treatment, where the disease is constitutional.

When dependent upon a diseased state of some one of the larger organs.

* Sir E. Home's Life of Mr. Hunter, prefixed to the Treatise on Blood, &c. p. xlvii.

GEN. I.
SPEC. IX.
Entasia acro-
tismus.

Sometimes
produced
spontaneously.

ous irritation, as a seton or issue, a regular fit of the gout, a cutaneous eruption, or a painful attack of piles. During the paroxysm itself, the most powerful and diffusive stimulants should be had recourse to, as brandy, the aromatic spirit of ammonia, or of ether, which is still better, and opium in any of its forms.

Some persons are said to possess a natural power of thus keeping the heart upon a full stretch, and hereby producing an universal deficiency of pulsation, and of simulating death. Of this Dr. Cleghorn and Dr. Cheyne both give an instance. It should be observed, however, that the individuals died suddenly; and one of them, Colonel Townshend, within a few hours, after having maintained this rigidity of the heart for half an hour, at the expiration of which time he consented to resuscitate himself, and awoke from the apparent sleep of death. It should hence seem, that the natural energy of the heart sinks gradually, or abruptly, beneath the mischievous exertion, wherever such a power is found to exist.

GENUS II.

CLONUS.

CLONIC SPASM.

FORCIBLE AGITATION OF ONE OR MORE MUSCLES IN SUDDEN
AND IRREGULAR SNATCHES.

GEN. II.
Origin of the
generic term.
Synonyms.

Spasm and
convulsion how
distinguished
by Cullen.

THE Greek terms, κλόνος and κλόνησις, import "agitation, commotion, concussion." The clonic or agitative spasms form two distinct orders in Sauvages, and a single genus in Parr. The first is unnecessarily diffuse; the second is too restricted. The two orders of Sauvages are in the present arrangement reduced to two genera, and constitute that immediately before us, and *SYNCLONUS*, or that which immediately follows. Dr. Cullen seems at one time to have had a desire of distinguishing the diseases of both these genera by the name of convulsions; and of limiting the name of spasms to the permanent contractions, or rigidities of the muscular fibres, produced by spastic action, constituting the different species of the preceding genus. "I think it convenient," says he, in his First Lines, "to distinguish the terms of spasm and convulsion, by applying the former strictly to what has been called the tonic, and the latter to what has been called the clonic spasm." Yet the whole are treated of in his nosological arrangement under the common name of *SPASMI*, and even in his First Lines, notwithstanding this distinction, under that of "*spasmodic affections without fever*." These spasmodic affections are, indeed, subsequently divided into a new arrangement of "*spasmodic affections of the animal functions;—of the vital;—and of the natural:*" throughout which an attempt is still made to separate the term

convulsion from that of *spasm*, and apply it to all clonic or agitative motion of the muscles, while *CONVULSIO* is, nevertheless, retained in the Synopsis, as the technical name of that single species of disease, which is colloquially called convulsion-fit, and not extended to any others. There is doubtless a difficulty in drawing the line between entastic and clonic spasm in many cases, from the mixed nature of the symptoms; but if it be felt of importance to take terms out of their general meaning, and tie them down to a stricter interpretation, such interpretation should be rigidly adhered to, or some degree of confusion must necessarily ensue.

To understand the real nature of the spasms we are now entering upon, it may be expedient to recollect, that the nervous power appears to be naturally communicated to parts by minute jets, as it were, or in an undulatory course, like the vibrations of a musical Chord. But the movement is so uniform, and the supply so regular, in a state of health, and where there is no fatigue, that we are not conscious of any discontinuity of tenour, and can grasp as rigidly and as permanently with a muscle as if there were no relaxation in its supply of power. To prove the nature of the influx, however, nothing more is necessary, than to reduce the muscle from a state of healthy tone to a state of languor, or to wear it down by fatigue; for, in this condition, all the muscles tremble, and the stoutest man is incapable of extending his arm with a small weight in his hand, or even of raising a glass of wine slowly to the mouth, without a manifest, and even a painful oscillation.

The flow of the nervous power, in a state of health, is augmented by the application of various stimulants, both mental and corporeal. The ordinary mental stimulus is the will, but any other mental faculty, when violently excited, will answer the same purpose, though the action which takes place in consequence hereof will, in some degree, be irregular, as proceeding from an irregular source, and will in consequence make an approach to the character of spasms; of which a violent excitement of almost any of the passions affords examples sufficiently evident, and especially the passions of fear and anger, under the influence of which it is sometimes found impossible to keep a single limb still.

The ordinary corporeal stimulants are the fluids, which are naturally applied to the motory organs themselves. Thus the air which we breathe becomes a sufficient excitement to the action of the lungs; the flow of the blood from the veins a sufficient excitement to that of the heart; while the descent of the feces maintains the peristaltic motion of the intestinal canal.

Where these stimulants are regularly administered, and the organs, to which they are applied, are in a state of health, the alternations of jets and pauses in the flow of the nervous energy, as we have already remarked, are uniform. But in a state of diseased action, this uniformity is destroyed, and in two very different ways: for, first, the nervous energy may rush forward with a force that prohibits all pause or relaxation whatever, and this too in spite of all the power of the will; and we have then a production of rigid or entastic spasms, or those abnormal contractions in different parts of the body, of which the preceding

GEN. II.
Clonus.

Physiological
explanation of
spasms.

Natural flow of
nervous power
augmented by
various
stimulants.

Mental
stimulants.

Corporeal
stimulants.

Uniformity of
the flow of ner-
vous energy
how interfered
with.

Production of
rigid or entastic
spasm.

GEN. II.
Clonus.

Production of
convulsive or
clonic spasm.
Mixture of
both kinds how
produced.

Further illus-
trated.

Tendency to a
repetition of ir-
regular action
when once
produced ;

hence esta-
blished habits
of recurrence
exemplified in
hooping-
cough :
in palpitation :

in sneezing :

in hiccough.

genus furnishes us with abundant examples : and, next, the pauses or relaxations may be too protracted ; and, in this case, every movement will be performed with a manifest tremor. Where this last is the case, moreover, the succeeding jet, from the accumulation of nervous power that necessarily follows upon such a retardation, must at length take place with an inordinate force and hurry ; and the movement in the voluntary muscles, when attempted to be controlled by the will, must be irregular, and often strongly marked with agitation, giving us examples of convulsive or clonic spasm. And as, moreover, in such a state of the nervous system or of any part of it, there will often be found a contest between the retarding and the impelling powers, the spasm will not unfrequently partake of the nature of the two ; the nervous energy, after having been irregularly restrained in its course, will rush forward too impetuously, and for a few moments without any pause ; and we shall have either a succession of constrictive and clonic spasms in the same muscle or sets of muscles, or a constrictive spasm in some parts, while we have a clonic spasm in others : and hence, those violent and ramifying convulsions, which we shall have more particularly to notice under the ensuing genus.

A sudden and incidental application of any irritant power whatever to any of the muscular fibres will throw them into an irregular action, not only in a morbid state, when they are most prone to such irregularities, but even in a state of health. Hence the involuntary jerk that takes place in all the limbs when a boat, in which we are sailing at full speed, gets aground without our expecting it, or we are assailed unawares with a smart stroke of electricity.

Now, whenever a forcible and anomalous movement of this kind has once been excited in any chain of muscular fibres whatever, there is a strong tendency in them to repeat the same movement even from the first ; and when, from accident, or a continuance of the exciting cause, it has actually been repeated, it forms a habit of recurrence that is often broken off with great difficulty. Hence the convulsive spasm of the hooping-cough always outlasts the disease itself for some weeks, and is best removed by the introduction of some counter-habit obtained by a change of residence, atmosphere, and even hours. A palpitation of the heart, first occasioned by fright, in an irritable frame, has in some cases continued for many days afterwards, and in a few instances become chronic.

A habit of sneezing has sometimes been produced in the same manner, and followed an obstinate catarrh ; after which the slightest stimulants, even the sneezing of another person, have been sufficient to call up fresh paroxysms, and, in some cases which I have seen, of very long and troublesome continuance.

Hiccough affords us another example of the same tendency to a recurrence of muscular abnormalities. This is usually produced by some irritation in the stomach, not unfrequently that of fulness alone : the irritation is by sympathy communicated to the diaphragm, which is thrown into a clonic spasm, and the spasm being a few times repeated, the habit becomes so established, as, in many instances, to be broken through with considerable difficulty.

It is to these physiological laws, that most of the affections we are now about to enter upon, are referrible; and the concentrated view we have thus taken of their operation, will render it less necessary for us to dwell at much length upon any of them.

GEN. II.
Clonus.

The genus CLONUS comprises the six following species:—

- | | |
|----------------------|---------------------------|
| 1. CLONUS SINGULTUS. | HICCOUGH. |
| 2. ——— STERNUTATIO. | SNEEZING. |
| 3. ——— PALPITATIO. | PALPITATION. |
| 4. ——— NICTITATIO. | TWINKLING OF THE EYELIDS. |
| 5. ——— SUBSULTUS. | TWITCHING OF THE TENDONS. |
| 6. ——— PANDICULATIO. | STRETCHING. |

SPECIES I.

CLONUS SINGULTUS.

HICCOUGH.

CONVULSIVE CATCH OF THE RESPIRATORY MUSCLES, WITH SONOROUS INSPIRATION; ITERATED AT SHORT INTERVALS.

THOUGH the spasmodic action in this affection exists chiefly in the diaphragm, the principal seat of the disease is the stomach, when strictly idiopathic; an observation which was long ago made by Hippocrates, and has in recent times been more copiously dwelt upon by Hoffmann, but which Sir Charles Bell has been the first to establish by experiments on the nervous system. "Vomiting," says he, "and hiccough, are actions of the respiratory muscles, excited by irritation of the stomach."*

GEN. II.
SPEC. I.

Disease principally seated in the stomach when idiopathic.

Debility is perhaps the ordinary remote cause, and irritability, or some accidental stimulus, the exciting. Thus excess of food, and especially in a weak stomach, is often a sufficient stimulus: and hence, the frequency of this complaint among infants.

Remote and exciting causes.

For the same reason, it is occasionally produced by worms, acidity, or bile in the stomach. External pressure on the stomach is another exciting cause: and hence it has sometimes followed an incurvation of one or more of the ribs †, or of the ensiform cartilage ‡ of the sternum, produced by violence, and pressing on the coats of this organ. The stomach, however, is not at all times the only organ in which the morbid cause is seated, that excites the diaphragm to the spasmodic action. The liver is frequently to be suspected. "I have often," says Dr. Percival, in his manuscript notes on the volume of Nosology, "found hiccough symptomatic of an enlargement or inflammation of the liver on the upper convex side." It also frequently follows strangulated hernia; and, according to Mr. John Hunter, in numerous instances accompanies local

Morbid cause sometimes seated in other organs than the stomach.

Exemplified.

* Experiments on the Structure and Functions of the Nerves. Phil. Trans. 1821, p. 406.

† Schenck, lib. iii. obs. 49. ex Fernelio.

‡ Bonet. Sepulchr., lib. iii. sect. v. obs. 8. Appex.

GEN. II.

SPEC. I.

Clonus
singultus.

Spasm often
cures itself, or
is easily re-
strained.

How to be
treated where
common means
fail.

irritation after operations of various kinds. It has sometimes attended the passage of a stone in one of the ureters.*

The affection is often very troublesome, but it cures itself in ordinary cases, and where the exciting cause is lodged in the stomach; for the spasmodic action very generally removes the accidental irritant; and if not, the disorder usually yields to very simple antispasmodics, as a draught of cold water, or a dose of camphor or volatile spirits. Where these have failed, a nervous action of a different kind, and which seems to operate by revulsion, has often been found to succeed, such as holding the breath, and thus producing a voluntary spasm of a rigid and opposite kind in the diaphragm; or a violent fit of sneezing. An emetic † will sometimes answer the purpose; and, still more effectually, a sudden fright, or other emotion of the mind.‡ If these do not prove sufficient, we must call in the aid of opium; and, in the intervals, have recourse to tonics internal and external, the warm bitters, bark, pure air, exercise, and cold bathing.

Hiccough of
typhus and
other low
fevers.

Chronic
hiccough.

Singular ex-
amples.

We have already pointed out the tendency, which these irregular actions have to form a habit, and the more so in proportion to the general weakness and irritability of the frame; and hence, indeed, their arising so readily in the later stages of typhus and other low fevers, and their continuing to the last ebb of the living power.

Even where the constitution is possessed of a tolerable share of vigour, hiccough is too apt to become a chronic and periodical affection; and as the frequency of the spasm is also usually increased with the frequency of the series, it has sometimes become almost incessant, and defied every kind of medical treatment that could be devised. As a chronic affection, it has been known to return at irregular periods from four § to four-and-twenty years ||; and as a permanent attack, to continue without ceasing for eight ¶, nine **, twelve days ††, and even three months.‡‡ Dr. Parr tells us, that he once knew it continue for a month with scarcely any intermission even at night. "The sleep," says he, "was at last so profound, that the convulsion scarcely awoke the patient." In a few instances, it has proved fatal. Poterius mentions one §§; and another, produced by cold beverage, occurs in the *Ephemerides of Natural Curiosities*.||

In the *Gazette de Santé* for 1817 is the case of a young girl, who had been tormented for six months with an almost incessant hiccough. It ceased during deglutition, but re-appeared immediately afterwards. The sleep was frequently disturbed. Baron Dupuytren, on being consulted, after antispasmodics and the warm bath had failed, applied an actual cautery to the region of the diaphragm, and the hiccough immediately ceased; but perhaps terror operated in no slight degree in this mode of cure.

* Darwin, *Zoonom.* iv. i. i. 7.

† Rigaud, *Ergo solvunt Singultum Vomitus et Sternutatio?* Paris, 1601.

‡ Riedlin, *Lin. Med.*, 1696, p. 276.

§ Bartholin, *Hist. Nat.*, Cent. ii. *Hist.* 4.

|| Alberti, *Diss. Casus Singultus chronici viginti quatuor annorum.* Hal. 1743.

¶ Riedlin., cent. i. obs. 15.

†† Tulpus, lib. iv. cap. 25.

§§ Cent. ii. obs. xxvii.

** *Act. Nat. Cur.*, vol. v. obs. 108.

‡‡ Schenck, lib. iii. obs. 49. ex Fernelio.

||| *Eph. Nat. Cur.*, dec. iii. an. i. obs. 48.

SPECIES II.

CLONUS STERNUTATIO.

SNEEZING.

IRRITATION OF THE NOSTRILS, PRODUCING SUDDEN, VIOLENT,
AND SONOROUS EXPIRATION THROUGH THEIR CHANNEL.

SNEEZING is a convulsive motion of the respiratory muscles, commonly excited into action by some irritant applied to the inner membrane of the nose, and not unfrequently, when so applied, to an extremity of almost any one of the respiratory nerves; in the course of which the air from the lungs is sonorously forced forward in this direction as the lower jaw is closed at the time. "In sneezing," says Dr. Young, "the soft palate seems to be the valve, which, like the glottis in coughing, is suddenly opened, and allows the air to rush on with a greater velocity, than it could have acquired without such an obstruction." *

It is a common and rarely a severe affection in its ordinary course. But, from the habit which irregular actions of the irritable fibres are perpetually apt to assume, as we have already explained, and particularly in a relaxed and mobile state of them, sneezing has occasionally become a serious complaint. Forestus, Horstius, Lancini, and many of the German medical miscellaneous collections, give instances of its having been sometimes both permanent and violent, sometimes periodical, and a few cases wherein it proved fatal; which last termination is confirmed by Morgagni. The *Ephemerides Naturæ Curiosorum* contain one instance, in which the sneezings continued for three hundred times in a single paroxysm.

The ordinary irritants, operating immediately on the membrane which lines the interior of the nostrils, are sternutatorics, a sharp pungent atmosphere, indurated mucus, the acrimonious fluid secreted in a catarrh or measles, or a morbid sensibility of the Schneiderian membrane itself. But the severest cases have usually been produced by sympathy with some remote organ, as an irritable state of the lungs, stomach, or bowels. For the same reason, sneezing often accompanies pregnancy and injuries on the head, and sometimes the last stages of low fevers. The benediction, formerly bestowed with so much courtesy on the act of sneezing, is said to have been congratulatory, on account of its frequent violence; but we do not seem to be acquainted with the real origin of this custom.

As sneezing is a symptom of catarrh, if it be repeated for some time with quick succession in an irritable habit that has been frequently affected with catarrh, it will sometimes, in the most singular manner, call sympathetically into action the whole circle of symptoms with which it has formerly been associated, and the

GEN. II.
SPEC. II.

Pathology.

Has sometimes become a serious disorder.

Ordinary causes.

But, when severe, usually produced by sympathy with some remote and diseased organ. Origin of the benediction formerly bestowed on sneezing.

Tendency in sneezing to call into action other morbid movements formerly associated with it.

* Med. Literat., p. 107.

GEN. II.

SPEC. II.

Clonus

sternutatio.

Illustrated.

Naturally a healthy action, but sometimes troublesome and severe from habit, and requires removal.

Remedial treatment in such cases.

How to be palliated when the affection is sympathetic.

patient will seem at once to be labouring under a very severe cold. An instance of this singular sympathy has occurred to me while writing. The patient is a lady of about fifty years of age, in good health, but of a highly nervous temperament. She began to sneeze from some trifling and transient cause, and having continued to sneeze for five or six times in rapid succession, her eyelids became swollen, her eyes blood-shot and full of tears, her nostrils discharged a large quantity of acrid serum, her fauces were swollen and irritable, and a tickling and irrepressible cough completed the chain of morbid action. The sneezing at length ceased, and, within a quarter of an hour afterwards, the whole tribe of sympathetic symptoms ceased also.

Sneezing, in its ordinary production, though a convulsive, is a natural and healthy action, intended to throw off instinctively from the delicate membrane of the nostrils whatever irritable or offensive material may chance to be lodged there. But when it proceeds from a morbid cause, or becomes troublesome from habit, we should use our endeavours to remove it. That there is nothing of proper convulsion in sneezing is shown, as Sir Charles Bell has justly observed, by the admirable adjustment of the muscles to the object. A body irritating the glottis will call into simultaneous action the muscles of respiration, so as to throw out the air with a force capable of removing the offending body, but if the irritation be on the membrane of the nose, the stream of air is directed differently, and, by the action of sneezing, the irritating particles are removed from these surfaces. By the consideration of how many muscles require adjustment to produce this change in the direction of the stream of air, we may know, that the action is instinctive, ordered with the utmost accuracy, and very different from convulsion.*

When the complaint is idiopathic and acute, or, in other words, when the Schneiderian membrane is morbidly sensible, or stung with some irritant material, it may be relieved by copiously sniffing warm water up the nostrils, or throwing it up gently with a syringe, or forcing up pellets of lint moistened with opium dissolved in warm water, the pressure of which is sometimes of as much service as the sedative power of the fluid itself. If this do not succeed, leeches or cold epithems should be applied to the nose externally. But a free and spontaneous epistaxis, or hemorrhage from the nostrils, effects the best and speediest cure, of which Riedlin has given an instructive instance.† Its return has been prevented by blisters to the temples and behind the ears, and frequently sniffing up cold water. It has also been attempted to be cured by pungent sternutatories, so that the olfactory nerves may be rendered torpid and even paralysed by over exertion; but this has rarely answered; for when once a morbid habit is established, it does not require the primary cause or stimulus for its continuance.

When the complaint proceeds from sympathy, the most effectual mean of removing it is by ascertaining the state of the remote

* Of the Nerves which associate the Muscles of the Chest in the Actions of Breathing, &c. Phil. Trans., 1822, p. 305.

† Lin. Med., 1695, p. 148.

organ with which it associates, and removing the stimulus that gives rise to it. This, however, cannot always be done; and, in such cases, camphor in free doses will often prove a good palliative, and if this do not succeed, we must have recourse to opium.

GEN. II.
SPEC. II.
Clonus
sternutatio.

SPECIES III.

CLONUS PALPITATIO.

PALPITATION.

SUBSULTORY VIBRATION OF THE HEART OR ARTERIES.

PALMUS or PALPITATIO is used in very different senses by different writers. By Cullen and Parr, it is limited to a vehement and irregular motion of the heart alone. By Sauvages and Sagar it is applied to an irregular motion "in the region of the heart." By Linnéus it is denominated "a subsultory motion of the heart or a bowel — cordis viscerisve;" and by Vogel is defined "a temporary agitation of the heart, a bowel, a muscle, a tendon, or an artery."

GEN. II.
SPEC. III.
Discrepant interpretations of different nosologists.

The first of these views is too contracted, for palpitations, or quick abnormal beats, are felt almost as frequently in many other organs, and particularly those of the epigastric region. Yet, as in these, it seems in every instance, however complicated with other symptoms, to depend upon a morbid state of the heart itself, or of the arteries which supply them, or are in their vicinity, the definitions that extend palpitations to other organs than the heart and arteries, as separate from these, appear to be as much too loose and out of bounds as the first definition is too limited.

Sometimes too contracted :

sometimes too broad.

The view now offered takes a middle course : it contemplates palpitation as dependent on a diseased action of the heart alone, or of the larger arteries alone, or of the one or the other associating with some organ more or less remote ; and hence lays a foundation for the three following varieties : —

- | | |
|---------------|--------------------------------------|
| α Cordis. | Palpitation of the heart. |
| β Arteriosa. | Palpitation of the arteries. |
| γ Complicata. | Complicated or visceral palpitation. |

The vibratory and irregular action, which we denominate PALPITATION OF THE HEART, is sometimes sharp and strong, in which case it is called a THROBBING OF THE HEART, and sometimes soft and feeble, when it is called a FLUTTERING of this organ. Both may possibly proceed from two distinct causes ; the one a morbid irritability of its muscular fibres, or some sudden stimulus applied to it, either external or internal, by which its systole becomes harsh and unpliant, and evinces a tendency to a spastic fixation ; and the other an irregular motion of the entire organ of the heart in the pericardium, by which it literally strikes against the chest : the cause of which we do not always know, though we see it very

α C. Palpitation cordis.
Throbbing :
fluttering.
Both producible by two causes :
systole harsh and unpliant :
and an irregular motion of the organ

GEN. II.

SPEC. III.

a C. Palpitatio cordis.

of the heart in the pericardium:

as first pointed out by Dr. W. Hunter.

Illustrated.

Rebound sometimes so strong as to be heard,

and agitate the bed-clothes.

Has sometimes dislocated or fractured the ribs; and ruptured its own ventricles.

frequently occasioned by a sudden and violent emotion of the mind, and have reason to believe, that it is often a result of the spastic systole or contraction of the heart which we have just noticed. When, however, the substance of the heart is thus irregularly acted upon, and jerked backward and forward from a cause extrinsic to itself, the palpitation is confined to the pericardium, and the pulse does not partake of the abnormality.

The last is, perhaps, the most common proximate cause of the palpitation of this organ, and we are indebted to Dr. William Hunter for having first pointed it out to us. The heart, in its natural state, lies loose and pendulous in the pericardium: and when the blood which it receives is, from an irritation of any kind, thrown with a peculiar jerk into the aorta, the moment it reaches the curvature of this trunk, it encounters so strong a resistance as to produce a very powerful rebound in consequence of the aorta being the first point against the spine: the influence of the heart's own action is now, therefore, thrown back upon itself, and this organ, as a result of its being loose and pendulous, is tilted forward against the inside of the chest, between the fifth and sixth ribs on the left.*

The rebound of so strong a muscle as the heart, against the inside of the chest, must depend for its violence upon the violence of the jerk with which the blood is spasmodically thrown into the aorta; and this has often been so powerful as to be distinctly heard by by-standers.† Castellus has given an example of this sonorous effect: and Mr. Dundas has observed it in various cases. "The action of the heart," says the latter, "is sometimes so very strong as to be distinctly heard, and to agitate the bed the patient is in so violently, that his pulse has been counted by looking at the motions of the curtain of the bed."‡ The heart has sometimes palpitated with a force so violent as to dislocate§ or break the ribs||, for both are stated to have occurred on respectable authorities¶, and, in one instance, to rupture its own ventricles.** Upon the wonderful power of the soft parts, or rather of the muscles over the bones, when thrown into vehement spasmodic action, we had occasion to observe in the Physiological Proem to the present order: and hence we have sometimes had examples of the humerus, and other long bones, being broken by a convulsion-fit. A contraction of the left aurico-ventricular opening is sometimes found to produce the phenomenon of a double pulse.††

I have said, that we are not always acquainted with the remote or exciting causes of the palpitation of the heart. Violent emotion of the mind, as already observed, is a frequent excitement, and one or two others have been already indicated. The first of these is perhaps the most frequent cause; and hence we can readily admit

* See J. Hunter on Blood, p. 146. note.

† Castellus, P. Vascus. Exercitat. ad affectus Thoracis, tr. ix. Toloso, 1614. 4to. Lettsom, Med. Soc. Lond., vol. i. A Vega, De Art. Med., lib. iii. cap. 8.

‡ Trans. Medico-Chirurg. Soc., i. 27.

§ Horstii, ii. 137—139.

|| Schenck, obs. 215. ex Fernelio.

¶ The editor has no doubt of the incorrectness of such reports.

** Portal, Mémoires de Paris, 1784.

†† Hodgson on the Diseases of Arteries and Veins.

with M. Corvisart, that palpitation, together with many other diseases of the heart, have been far more frequent in France, since the commencement of its late horrible revolution. M. Portal has, indeed, proved this fact by various interesting examples, from which the following may be selected, as it is short:—A young lady, who had suddenly learned that her husband had been cruelly murdered by a band of the popular ruffians, was instantly seized with a violent palpitation that terminated in a syncope so extreme, that she was supposed to be dead. This apprehension, however, was erroneous. She recovered; but the palpitation continued for many years; and she at length died of water in her chest.*

The remote causes are rarely to be discovered till after death, and for the most part seem to consist in a morbid structure of the heart itself, or the pericardium, by which last the muscular walls of the heart have either been obstructed in their play, or have had too much liberty of action. The heart has sometimes been found ossified in its general substance, as in the case of Pope Urban the VIIIth; and more frequently in its valves or its connection with the aorta. It has sometimes been thickened, and has grown to an enormous size, which change of structure has lately been distinguished by the name of hypertrophy, and has been found in one instance of a weight of not less than fourteen pounds.† A case occurred to the present author not long ago, in a young lady of fourteen, in whom it reached half this weight, and was the cause of a most distressing palpitation, as well as of a general dropsy. By close confinement and quiet, and the use of elaterium and scarification to carry off the water, she recovered an apparently good share of health; but the exercise of dancing, a few months afterwards, produced a recurrence of all the symptoms in a more violent and obstinate degree, and she gradually fell a sacrifice to them.

In other cases, the heart has been peculiarly small and contracted, chiefly, perhaps, in the disease of tabes, or marasmus; and consequently there has not been a sufficient capacity for the regular influx of venous blood.

The space of the pericardium has often been morbidly diminished by inflammation, or an undue growth of fat; and hence, again, the heart has been impeded in its proper action; while occasionally it seems to have been filled, or nearly so, with a dropsical fluid.

Organic injury from external violence is also a frequent cause of palpitation. Yet it is singular to observe the severity of lesion, which the heart and its appendages will sometimes undergo, when the constitution is sound, without affecting the life. M. Latour, who, during the French war, was first physician to the Grand Duke of Berg, attended a soldier who laboured under a tremendous hemorrhage from the breast, produced by a wound from a musket that had penetrated this organ. The hemorrhage, however, ceased on the third day, the patient's strength gradually recruited, and suppuration proceeded kindly. It was nevertheless necessary to cut several pieces of fractured rib away; yet the wound cicatrised at the end of three months, and the only inconvenience that remained was a very troublesome palpitation of the breast, that annoyed him

GEN. II.
SPEC. III.
α C. Palpitatio cordis.

Striking example of the first.

Remote causes; chiefly consist in a morbid structure of the heart.

Exemplified.

Other causes occasionally to be met with.

Organic injury.

Yet often severe lesion without affecting the life.
Exemplified.

* Mémoires sur la Nature et le Traitement de plusieurs Maladies, tome iv. 8vo. Paris, 1819.

† Eph. Nat. Cur., dec. III. ann. III. obs. 166.

GEN. II.
SPEC. III.
a C. Palpitatio
cordis.

for three years. Six years after the accident, he died of a complaint totally unconnected with the wound. His body was opened by M. Mausion, chief surgeon of the hospital at Orleans; and the ball, which had entered his breast, was found lodging in the right ventricle of the heart, covered over in a great measure by the pericardium, and resting on the septum medium.*

To these causes may be added a scirrhus or other morbid structure of the lungs, and, perhaps, of the spleen, liver, stomach, or intestinal canal; for it is a frequent accompaniment upon most species of parabsysma: and, in these cases, appears as a symptomatic affection alone. For reasons already assigned, it is also an occasional symptom in hydrothorax; during which it shows itself in a very violent degree upon mental agitation, especially that produced by fright or vehement rage.

The real cause
often misun-
derstood: and
the disease re-
covered from
unexpectedly.

Exemplified
from Cullen.

We should not, however, be hasty in deciding upon any structural affection of the heart, or of any of the larger organs that closely associate with it, nor, in reality, upon any incurable cause whatever. For it has not unfrequently happened, that a palpitation of long standing, and which has been regarded as of a dangerous kind, has gradually gone away of its own accord, and left us altogether in the dark. Dr. Cullen gives a confirmation of this remark in the following very instructive case:—"A gentleman, pretty well advanced in life, was frequently attacked with palpitations of his heart, which, by degrees, increased both in frequency and violence, and thus continued for two or three years. As the patient was a man of the profession, he was visited by many physicians, who were very unanimously of opinion, that the disease depended upon an organic affection of the heart, and considered it as absolutely incurable. The disease, however, after some years, gradually abated both in its frequency and violence, and at length ceased altogether; and since that time, for the space of seven or eight years, the gentleman has remained in perfect health, without the slightest symptom of his former complaint."† A case precisely similar, and in a professional gentleman somewhat beyond the middle of life also, has

Confirmed by
the author's
practice.

* Dict. des Sciences Médicales, Art. Cas. Rares. The following causes of palpitation are specified by Dr. Hope as inherent in the heart itself: 1. Hypertrophy, and hypertrophy with dilatation. In these affections, palpitation consists in an increase both of the force and of the frequency of the heart's action. 2. Dilatation with attenuation. Palpitation in this case consists in an increase of the frequency, but often not of the strength of the beats, though the patient may experience the *sensation* of an increased impulse. 3. Disease of the valves. Palpitation from this cause varies in its characters, according to its nature, situation, and extent of the valvular affection, and according to the presence or absence of hypertrophy, dilatation, or both. 4. Pericarditis, carditis, and inflammation of the internal membrane. 5. Adhesion of the pericardium. Palpitation from this cause is violent, and of an abrupt kind. As physical causes of palpitation, exterior to the heart, Dr. Hope specifies, 1. Acceleration of the circulation by muscular efforts. 2. Plethora. 3. Anæmia. 4. Convulsive, epileptic, and hysterical fits. 5. Obesity. 6. Obstructions in the lungs from hydrothorax, empyema, pneumothorax, hepatisation, bronchitis, &c. 7. Asthmatic bronchial constriction. 8. Acute laryngitis. 9. Abdominal infarction, from enlarged liver or spleen, ovarian dropsy, utero-gestation, &c. Afterwards Dr. Hope adverts to palpitation from causes operating entirely through the nervous system. (See Cyclop. of Pract. Med., art. PALPITATION.) Nervous palpitations, as this writer correctly observes, are *intermittent*, their causes being only occasional, whereas those from organic disease are *continued*, their causes being incessant. — ED.

† Mat. Med., part ii. chap. viii. p. 357.

occurred to the present author, with a spontaneous termination equally as favourable. M. Laennec's ingenious method of *MEDIATE AUSCULTATION* by the stethoscope, as we have already explained, will often be found of great importance in the different forms of this species of disease.*

The same alternating spasmodic motion, into which the muscular substance of the heart is occasionally thrown by one or other of the causes thus glanced at, seems, at times, to take place in some of the *LARGER ARTERIES*, and extends to a greater or less length in proportion to the nature of the cause, or the extent of the morbid irritability, by which they are affected, producing the *SECOND VARIETY* before us. That a morbid irritability may exist in a part of an artery while the rest is free from any such condition, is easily conceived, since a like partial irritability is often found to exist in organs in which we are capable of tracing it in the most manifest manner. Yet, even in arteries themselves, we can sometimes ascertain the same to the conviction of our senses; as, for example, in the case of phlegmonous inflammation; in which, also, we find it accompanied with the throb, or alternating spasm and relaxation which constitute what is meant by palpitation. In a healthy and ordinary flow of the blood through the arteries, it is very well known, that there is no sensible series of contractions and dilatations whatever; and we have already observed in the *Physiological Proem* to the third class, that there is no actual change

GEN. II.
SPEC. III.
a C. Palpitatio cordis.

β C. Palpitatio arteriosa.

Existence of topical irritability in an artery easy to be conceived from analogous facts.

Yet sometimes capable of full proof, as in phlegmonous inflammation.

In an ordinary flow of the blood through the arteries, no alternâte change of the diameter in the latter.

* See Vol. ii. Cl. III. Ord. IV. Gen. III. Spec. v. In nervous palpitations, it was remarked by Laennec, that "the first impression which the application of the stethoscope to the region of the heart produces on the ear, shows at once that this organ has not great dimensions. The sound, although clear, is not loud over a great extent; and the shock, even when it at first appears strong, has little real impulsive force, for it does not sensibly elevate the head of the observer. This last sign," says Laennec, "appears to me the most important and the most certain of all, when we add to it the frequency of the pulsations — most commonly from 84 to 96. in a minute."

It is stated by Dr. Hope (*Cyclop. of Pract. Med.*, art. *PALPITATION*) that in dilatation of the heart, dulness on percussion indicates enlargement of the organ, further evidence of which is derived from the impulse being situated lower down than natural. The first sound is short, smart, and clear, resembling, and in dilatation with attenuation becoming identical with, the second.

In hypertrophy with dilatation, the dulness on percussion is increased over a still greater extent, and the dulness and impulse are also lower down than natural. Both sounds are very loud, and the impulse is much more forcible than in nervous palpitation, very frequently raising the head of the auscultator.

In simple hypertrophy the impulse is a slow, gradual, and powerful heaving, very sensibly elevating the head. Both sounds are diminished, and in extreme cases almost suppressed. In disease of the valves there is a permanent bellows, sawing, or rasping murmur; whereas the murmur in nervous palpitation is only occasional, and of a soft character. If the valvular contraction be great, the action of the heart is irregular. It is further observed by Dr. Hope, that irregularity also occurs in nervous palpitation, but it is not accompanied by those symptoms of an embarrassed circulation, which invariably attend valvular disease. Should hypertrophy, dilatation, or both, co-exist with valvular disease, their signs will likewise be present. In nervous palpitation, Dr. Hope finds the pulse to be jerking, but with little fullness, strength, and incompressibility. In dilatation it is full and soft; in hypertrophy with dilatation it is full, strong, and sustained; and in simple hypertrophy, though less full, it is strong, sustained, and even hard. These and other observations on the diagnosis of palpitation from various causes, as delivered by Dr. Hope, are replete with practical instruction, whose *Treatise on the Diseases of the Heart* is a valuable contribution to medical literature,
— Ed.

GEN. II.

SPEC. III.

β C. Palpitatio arteriosa.

In phlegmonous inflammation, such alternate change manifest by the throbbing: which cannot be derived from the action of the heart.

Inflammation only one cause of this subsultory action: others numerous and as active.

The punctuality of this abnormal action whence derived.

Palpitation sometimes shoots from artery to artery: and has been found universal.

How far exemplified in J. Rousseau.

Palpitation or throbbing of the temporal arteries, and the carotid.

of bulk of any kind, and that it is the pressure of the finger or of some other substance against the side of an artery that alone produces a feeling of pulsation. In a phlegmonous inflammation, however, every one is sensible of a considerable change in this respect; for there is often a very smart and vibratory pulsation while the affected part is in perfect freedom, and no finger is applied to it: and that this is a pulsation, unconnected with the regular pulsation of the heart, is perfectly clear, because it is frequently less uniform, rarely, if ever, synchronous with it, and, in most instances, twice as rapid. We have here, therefore, a full proof of a local excess of irritability in an arterial tube, and of a palpitation, or alternating spasm and relaxation, as its effect.*

Yet inflammation is but one cause of this subsultory action, or of the irritability which gives rise to it. With other causes we are not much acquainted; but we have reason to believe them very numerous, and wherever they exist, the artery operated upon will evince the same kind of vibratory throb, though, in general, the stroke will not be found quite so smart as that which takes place in the pulse of a phlegmon. It may appear singular, that this abnormal action, whether of the heart or arteries, should evince so much punctuality in its vibration; but there is often a wonderful tendency to punctuality in all intermissive affections whatever. We see it in hemorrhoidal discharges, in gout, and above all, in intermitting fevers: and, till the cause of such punctuality is explained in this last instance, it will be in vain to expect an explanation in the case before us.

In very irritable habits, or, perhaps, where there is a morbid sensibility through the whole of the sanguiferous system, the palpitation will not unfrequently shoot from one artery to another; and one or two cases are given in the *Ephemerides* of *Natural Curiosities*†, in which it appears to have been universal. It was so, indeed, in the very irritable organisation of that singularly constituted character J. J. Rousseau, if we may credit the account he gives of himself in relation to this subject: for he tells us that, after a peculiar paroxysm of high corporeal excitement, he became, all of a sudden, sensible of a pulsation in every part of his body, which from this time accompanied him without intermission: and he adds, that the throbbing was so distinct and strong, that he was often capable of hearing as well as feeling it.

The temporal arteries are peculiarly apt to concur in this migratory throbbing, and occasionally the carotid: and the throbbing of both is sometimes synchronous with that of the heart, and sometimes successive to it. Mr. Dundas has observed, that this affection of the carotids is most common to persons in the prime of life; and that, on dissection, the heart is often found enlarged in its size, but without any increase of muscular power; an assertion collaterally supported by the case of the young lady described under the preceding variety. We here also sometimes

* The tenor of some of these observations disagrees with the results of certain microscopical observations made on parts in a state of inflammation. Thus Dr. Thomson, of Edinburgh, in his experiments, was unable to discern any alternate expansion and contraction of the arteries. The statement about the pulse in an inflamed part not usually coinciding in number and time to the pulse of the left ventricle, is also at variance with other observations. — ED.

† Eph. Nat. Cur., dec. 1. ann. vi. vii.

meet with polypous concretions, and very generally adhesions to the pericardium.

And it is highly curious and interesting to notice the ramifying chain of morbid action, of which the heart sometimes forms the first link. I had lately a lady under my care, of delicate constitution and highly nervous habit, in the third month of pregnancy, who had for several weeks been uniformly attacked in the evening with a violent palpitation in the heart, that continued for nearly an hour or upwards; it was then transferred to the temples, which throbbed with as much violence and for as long a period of time; vertigo followed, with a tendency to deliquium, immediately after which there was a general reaction in the system; the skin became heated, and at first very dry; but the dryness at length yielded to a gentle diaphoresis, which concluded the morbid series; for the patient, at that time becoming tranquil, dropped into a sound and refreshing sleep, and woke free from all these symptoms in the morning.

In this case, also, there was a considerable tendency to that universal subsultus or alternating spasm of the arterial system to which we have just adverted: for all the arteries of the extremities pulsated or palpitated whenever accidentally pressed upon by any substance, though it required this additional stimulus to excite the spasmodic action.

Arterial palpitation, however, is to be found, though not more frequently, still far more alarmingly, in the epigastric region, than in the head; and appears to proceed from some particular excitement of the aorta, the superior mesenteric, or some branch of the cœliac artery. Its beat has here some resemblance to that of an aneurism of these vessels, and has often been pronounced to be such without the slightest foundation, to the great terror of the patient, and consequently to a considerable exacerbation of the disease. It may, for the most part, be easily distinguished from an aneurism by being destitute of any circumscribed pulsatory tumour, that can be ascertained by a pressure of the finger; by a smarter vibration in the arterial stroke; and by that degree of irregularity in the return of the stroke by which palpitation is distinguished from pulsation. In some cases, indeed, the line of the affected artery can be distinctly felt and followed up to a considerable length; and the vibration has occasionally been so strong as to be visible to the eye, even at some distance, when the surface of the epigastric region has been exposed to view. "From a good deal of experience upon this subject," says Dr. Baillie, "I am enabled to say, that the increased pulsation of the aorta in the epigastric region, very rarely depends upon any disease of the aorta itself, or of its large branches in that place; and that this occurrence is almost constantly of very little importance."* This distinguished physiologist tells us further, that he has had an opportunity of examining the state of the arteries in the epigastric region after death, in two persons who had this pulsation very strongly marked, and who died from other diseases. In both cases all the arteries were perfectly free from every appearance of diseased structure. He was, also, some years ago, consulted by an old man upon a paralytic affection; who afterwards spoke to him

GEN. II.

SPEC. III.

β C. Palpitation arteriosa.

Chain of morbid action often singular.

Illustrated.

Palpitation in the epigastric region.

Sometimes resembling an aneurism.

How distinguishable.

Illustrated from Baillie. Often independent of any disease whatever in the aorta.

* Med. Trans., IV. XIX.

GEN. II.
SPEC. III.
β C. Palpitatio
arteriosa.

incidentally concerning a palpitation of the kind before us, to which he had been subject for upwards of twenty-five years. The throb, on examination, was distinctly to be felt; and on the patient's first perceiving it, and applying to Sir Cæsar Hawkins, Mr. Bromfield, and Dr. Hunter, the two former had declared it to be an aneurism, while the latter, more modestly, confessed that he did not know what it was.

Hence the
cause often
difficult to be
ascertained :
but mostly
connected with
dyspepsy.

Advantage of
the stethoscope.

Dr. Baillie, in the article now alluded to, has imitated the modesty of Dr. Hunter. "It is, perhaps, difficult," says he, "to ascertain, in many instances, the causes of this increased pulsation of the aorta in the epigastric region: but, in most cases, it will be found to be connected with an imperfect digestion, and an irritable constitution." And hence, whatever may improve the digestion, and render the constitution less irritable, will be of use in mitigating the complaint: and, above all, it will be found highly serviceable to remove the patient's anxiety on the subject, whenever it can fairly be done.* It is here that M. Laennec's stethoscope may be employed as a valuable diagnostic, and will often enable us, better than any other means, to ascertain the real nature of the malady; for an account of which the reader may turn to the remarks on Phthisis.†

γ C. Palpitatio
complicata.
Mostly pro-
duced by the
vicinity of such
organs to the
heart or large
trunks of
arteries:

sometimes per-
haps by the
fluctuation of
a fluid accumu-
lated in cavities
operated upon
by a palpitation
of the heart or
arteries.

Illustrated
from Young.

But the throbbing or pulsatory motion is often communicated to other organs than the sanguiferous vessels, and forms that variety of affection, to which we have given the name of COMPLICATED PALPITATION. This is clearly dependent, in many cases, upon the vicinity or close connection of such organs with the heart or arteries that form the seat of disease; and it may also in other cases be produced, as ingeniously conjectured by Dr. Young, by an accumulation of fluid in the pericardium or thorax, which transmits a pulsatory motion from the heart itself to whatever other organ or surface of a cavity such fluid may reach; in the same manner as the fluctuation, produced by a slight blow given to one side of the abdomen, when distended with water, is distinctly propagated to the opposite side. In the case of a middle-aged woman, of a rheumatic habit, labouring under symptoms of general dropsy ‡, "a palpitation," he tells us, "was observed in the right hypochondriac region, and on the right side of the neck, which exhibited a vibratory motion more rapid and less regular, than that of the pulse felt at the wrist; and a similar vibration was observable in the heart itself: the pulsation in the neck was not confined to the jugular veins; it was more forcible and extensive than it could have been if it had originated from those vessels; and it had more the appearance of a violent throbbing of the carotid artery; although, in the axillary artery, the pulse was comparatively regular and natural." Dr. Young found, nevertheless, upon making a strong pressure on the right side of the neck with a single finger, that the motion of the carotid artery was very perceptible, and totally independent of that of the superficial parts, being precisely synchronous with the pulse at the

* With respect to pulsation in the epigastrium, useful information will be found in A. Burn's work on Diseases of the Heart, Edin. 1809; and in a publication by the late Dr. Albers, of Bremen, entitled *Ueber Pulsationem im Unterleibe*. 8vo. Bremen, 1803. The subject is also introduced into the editor's Dictionary of Practical Surgery, under the Head of Abdominal Pulsations.

† Vol. iii. Cl. iii. Ord. iv. Gen. iii. Spec. v.

‡ Med. Trans., vol. v. art. xvii.

wrist, although it required considerable attention to distinguish it from the more irregular palpitation. The symptoms, however, of a dropsy of the chest or pericardium in this patient appear to have been obscure; and at the time when the general hydropic enlargement, which had been much reduced in the course of the autumn, began to increase towards the end of October, the palpitation was considerably less, as well as the pulsations in the abdomen and neck, though the motion of the heart was still fluttering, the pulse at eighty, intermitting and very irregular. On the death of the patient, which occurred soon afterwards, a considerable quantity of fluid was found in the pericardium, in the right cavity of the thorax, and in the ventricles of the brain, but little or none on the left side of the chest: the heart was inconsiderably enlarged, and some of its valves, as also those of the pulmonary artery, which were much ossified, so that a free passage of the blood was impeded.

I have said, that palpitation is sometimes dependent upon a morbid irritability of the sanguiferous system in general. In some instances, however, we find it rather dependent upon a morbid irritation and debility of the entire frame, and consequently connected with a very irregular performance of many, or all the functions of the body. Of this highly complicated state of the disease we have a striking example in Dr. Bateman's history of himself*, which he ascribes to a poisonous action of mercury employed on his own person copiously in the form of an unguent to relieve an amaurosis of the right eye, and which seems to have produced something of the mercurial erethism described by Mr. John Pearson†, as taking place in some singular idiosyncrasies, already noticed by us under the head of Syphilis.‡ In this case, the heart and arteries were equally subject to subsultory and violent motions, sometimes separately, and sometimes synchronously but inaccordantly as to the number of the throbs in a given time, and almost perpetually accompanied with a most distressing sense of languor and sinking. There was also a very irksome cough, an occasional sense of constriction across the region of the diaphragm, and such a difficulty of respiration as to render an erect position at night imperatively necessary. Life was, in this case, unquestionably a forced state of being, and all the stimuli of the external senses and of the will seemed necessary to excite the sensorial organ to produce a sufficiency of nervous energy for the mere preservation of life. And, hence, during sleep, or as soon as these stimuli were cut off, there was such an increase of languor, irregular action of the heart, and sinking, as though in the act of dying, that it was at times necessary, notwithstanding the extreme drowsiness of the patient from a previous and long-continued watchfulness, to interrupt the sleep every two minutes; since by this time or even sooner, the failure of the pulse and the appearance of the countenance indicated a supervening deliquium. The powers of the stomach, from the repeated paroxysms of the disease, seem to have declined rapidly. Frequent supplies of food and cordials, as spiced wine, appeared at first serviceable in warding off the languor; but,

GEN. II.
SPEC. III.
γ C. Palpitation
complicata.

Palpitation
sometimes de-
pendent upon
a general irri-
tability of the
system.

Illustrated in
Bateman.

Subsultory
motion of the
heart and ar-
teries some-
times synchro-
nous, some-
times separate.

* Med. Chir. Trans., vol. ix. p. 227.

† Observations on the Effects of various Articles of the Materia Medica in Lues Venerea, ch. xii.

‡ Vol. iii. Cl. III. Ord. IV. Gen. VII. Spec. I.

GEN. II.
SPEC. III.
γ C. Palpitatio
complicata.
Languor in-
supportable :
and the most
powerful
stimulants
unavailable.

No general
plan of
treatment.

Primary indi-
cation where
the disease is
symptomatic.

Indication
where the dis-
ease is
idiopathic or
structural.

at length, nothing but fluids could be taken and retained, without increasing the disturbed action of the heart. Yet so extreme was the sense of sinking and immediate dissolution, that, on one occasion after a quarter of an hour's sleep, air was importunately demanded, and three glasses of undiluted brandy were drank in five minutes, without much relief: and afterwards ammonia and ether repeated every ten minutes for two hours; when the paroxysm rapidly declined after a copious discharge of limpid urine. The disease continued a twelvemonth before the patient felt, in any essential degree, amended: and little benefit was derived from medicines of any kind. It is well known, however, that this acute pathologist, and excellent man, has since fallen a sacrifice to a return of the complaint.

In a disease, produced by so great a diversity of causes, often obscure, and very generally complicated with other affections, it is impossible to lay down any one plan of treatment that will apply to every case. Our first endeavour should be to ascertain, as far as we may be able, whether the palpitation be idiopathic or symptomatic; and if the last, while we endeavour to palliate the present distress, our attention should chiefly be directed to the primary malady. If any other morbid state of the stomach or bowels be suspected, this, as far as possible, should be removed; and if we have reason to suppose hydrothorax, or any other kind of dropsy, to be present, the means, hereafter to be recommended for this tribe of complaints, should be resorted to from the first. In pregnancy, the disease will most probably cease upon a cessation of this state of body, and usually, indeed, ceases during the latter months, or after the period of quickening. And, if it seem to be chiefly dependent upon a general irritability of the sanguiferous system, or of the whole constitution, the sedative antispasmodics, tonics, and especially the metallic, quiet of mind as well as of body, regular hours, light meals, pure air, and such exercise as agrees best with the individual, will often prove of essential service and sometimes effect a radical cure.

Much of this plan will also be requisite where we have reason to apprehend some structural affection of the heart, or larger blood-vessels: and when, from any incidental excitement, the irritation is here more than ordinarily troublesome, recourse must be had to narcotics. Opium is by far the best where it agrees with the system: but its secondary effects are often very distressing, and we cannot employ it. In such cases, we must find out, by trial, what is its best succedaneum: the hop, henbane, hemlock, and prussic acid, have all been essayed in their turn, and sometimes one has succeeded where the rest have all failed. But, upon the whole, the henbane has answered far better and more generally under the author's own hands: and, in one or two instances of great obstinacy, he has known it effect a perfect cure, when all the rest had been tried in succession and had totally failed.

In Dr. Bateman's case, however, which was peculiarly severe and complicated, the henbane, though it seemed serviceable at first, taken in doses of from three to five grains of the extract every night, gradually lost its effect even when repeated three times a night in doses of five grains at a time. The tincture of hop, in doses of thirty drops every six hours, was next tried, but

produced no other effect, than a slight drowsiness. Musk seemed most successful in draughts of ten grains each; yet even this was of transient duration, and was abandoned as of no use. Where the palpitation is accompanied with a distressing tendency to delirium, I have occasionally relieved it by camphor pills, with the ammoniated tincture of valerian or the aromatic spirit of ether.

The disease has occasionally been carried off by a sudden attack of some other complaint, as gout, herpes, diuresis, or the formation of an abscess: and hence, setons and issues have been recommended, and have occasionally proved serviceable. Zacutus Lusitanus found the latter produced a radical cure in palpitation of the heart, which he ascribed to the rapid healing of some chronic ulcers.* Schenck advises the wearing a bag of aromatics at the pit of the stomach†; and hence, perhaps, the origin of camphor-bags as a specific for irregularities of the heart of another kind.‡

GEN. II.
SPEC. III.
Clonus pal-
pitatio.
Treatment.

Disease has
sometimes
been carried off
by other
complaints.

* Prax. Hist., lib. viii. obs. 30.

† Lib. ii. obs. 216.

‡ Our author speaks of *idiopathic* palpitation; but according to the editor's view, such a disease has no real existence, palpitation being only a symptom of some other primary affection, either organic or nervous. Thus, it may depend upon organic disease of the heart, aneurism of the aorta, hysteria, chlorosis, indigestion, plethora, utero-gestation, anæmia, or nervous disorder, which primary affections, while they continue, prohibit all effectual relief of the palpitations dependent on them. Hence, inasmuch as several of the primary complaints are incurable, the palpitations themselves must also be incurable. On the mode of treating palpitations arising from plethora, we need not here dwell. With regard to those occurring in early pregnancy, if they are connected with plethora, the treatment should consist in bleeding the patient, giving her gentle aperient medicines, and making her observe a diet without stimulants. In palpitations from anæmia, Dr. Hope (Cyclop. of Pract. Med.) recommends the exhibition of the preparations of iron, with aloes, and especially the pills employed by Dr. Abercrombie, consisting of two grains of the sulphate of iron, two of aloes, and five of the compound cinnamon powder, in two pills, taken at dinner, and, if necessary, at bed-time also. Dr. Hope speaks favourably likewise of the carbonate of iron, in doses of from one to three drachms thrice a day, and of small doses of the pil. aloes c' myrrha, and pil. galban. comp. at bed-time. A nutritious animal diet, pure air, gentle exercise, the flesh brush, salt water sponging, and the shower bath, are likewise commended.

For nervous palpitation, Dr. Hope recommends, at first, the lightest bitters, then bark and mineral acids, and afterwards metallic tonics, one of the best of which is the sulphate of zinc in the dose of one grain, with extract of gentian, in the form of a pill, twice or thrice a day. At the same time, it is admitted, that, in the first instance, a bracing air by the sea-side, sea-bathing, a nutritious unstimulating diet, and a good regimen in general, are of more importance than medicine; and that after the continuance of such means for a few weeks, chalybeates will often become extremely serviceable. — Ed.

SPECIES IV.

CLONUS NICTITATIO.

TWINKLING OF THE EYELIDS.

RAPID AND VIBRATORY MOTION OF THE EYELIDS.

GEN. II.

SPEC. IV.

Common nictitation a natural action for useful purposes :

especially for the purpose of supplying the cornea with moisture.

Advantage of such supply.

Illustrated.

Blue shade of light in painting, what.

Morbid nictitation how produced : commonly by some local irritation : but which if very severe closes the eye-

To a certain extent, twinkling or winking of the eyes is performed every minute without our thinking of it. It is a natural and instinctive action for the purpose of cleansing and moistening the eye-ball, and rendering it better fitted for vision. Dr. Darwin has some ingenious remarks upon this subject. "When the cornea," says he, "becomes too dry, it becomes at the same time less transparent, which is owing to the pores of it being then too large ; so that the particles of light are refracted by the edges of each pore instead of passing through it ; in the same manner as light is refracted by passing near the edge of a knife. When these pores are filled with water, the cornea becomes again transparent."* Moisture is, indeed, a frequent cause of transparency in various bodies ; and hence, in dying people, whose eyelids are become torpid and do not nictitate, the cornea is sometimes so dry that its want of transparency is visible to by-standers. So when white paper is soaked in oil, and its pores filled with this fluid, from an opaque body it becomes transparent, and radiates the light that is thrown upon it : air itself is most transparent when as much moisture is dissolved in it as it will hold ; when void of moisture, indeed, it forms a dry mist, which is occasionally met with in the morning, and through which distant objects are seen indistinctly ; while, on the contrary, when distant objects are seen with perfect clearness, it is a sign of rain. In a mist, distant objects are also seen indistinctly ; yet here the moisture is not dissolved in the atmosphere, but merely suspended, and formed by the attraction of cohesion into collected spherules. We may hence account for the want of transparency in the air, which is seen in tremulous motions over corn-fields on hot summer days, and over brick-kilns, after the flame is extinguished, while the furnace still remains light. It is this dryness and want of transparency in the atmosphere over the summits of hot and arid hills, in a bright unclouded sky, as in Italy, which constitute what is called by the painters the blue shade of light, and which is copied in most pictures of Italian scenery.

The ordinary use of nictitation is therefore obvious : but there are many persons, who wink or twinkle their eyes far more frequently than is necessary for the purpose of moistening the cornea, and in whom it forms an unsightly habit. This has usually been produced at first by some local irritation, as inflammation or dust in the eyes, which quickens the natural action, and, where the stimulus is considerable, renders it irregular and convulsive. If indeed the stimulus be very vehement, the nature of the spasm

* Zoonom., cl. I. i. 4. 2.

is changed, and the eyelids, instead of irregularly opening and shutting with great rapidity, become rigidly closed.

We have seen, in many of the preceding species of diseases, with what ease morbid actions are continued when once introduced into an organ: and hence, when any permanent irritation of the eye has excited and maintained for some days or weeks a quick repetition of twinkling, this iterative action will often be found to become habitual, and remain after the irritation has subsided.

This morbid habit has been sometimes cured by a powerful exertion of the will; but, more generally, by using one eye only at a time, and closing the other: the open eye being employed in examining an object for a considerable period with great attention and steadiness. A minute examination of the stars at night, through a telescope, has a like corrective tendency, and may be employed for the same purpose.

GEN. II.
SPEC. IV.

Clonus
nictitatio.

lids with rigid
instead of
clonic spasm.

Morbid nictitation, how rendered habitual.

Remedial treatment.

SPECIES V.

CLONUS SUBSULTUS.

TWITCHINGS.

SUDDEN AND IRREGULAR SNATCHES OF THE TENDONS.

THIS affection is to the tendinous extremities of the muscles, in which the principle of irritation is often apt to accumulate, what palpitation is to the irritative fibres of the heart and arteries: and hence, as we have already seen, it is included under the general term of palpitation by Vogel.

GEN. II.
SPEC. V.
Pathology.

We witness these starts or twitchings most frequently in extreme stages of debility produced by atonic fevers, and especially just before the act of dying. They are, in such cases, weak convulsions interruptedly undulating from one limb or part of a limb to another, too feeble to raise the limb itself, although sufficiently powerful to give slight but transient swellings to the belly of a muscle, and consequently a slight involuntary flickering to its tendons. In the ordinary close of life, they are the precursors of the fatal scene, the harbingers of the dying struggle, and generally indicate that the will has lost its hold, and the power of sensation is rapidly ceasing: thus affording another proof, if other proofs were wanting, to those adverted to in the Proem to the present class, that the irritative fibres are capable of maintaining their function, under particular circumstances, for a much later period than the organs of perception and sensation, occasionally, indeed, for some hours after the death of every other part of the body. And as debility and irritability often exhibit a joint march, the subsultory motions are apt to become stronger, as the regular motion of the pulse becomes weaker, and at length work up those agonising convulsions, under which the little and loitering flame of life is sometimes extinguished instantaneously. Such twitchings of the tendons, however, do not always prove fatal; for they often show themselves where the case is not so extreme: and hence,

Affection most striking in extreme stages of debility.

Why the subsultory motions stronger as the frame becomes weaker.

Hence occasionally allayed by cordials and antispasmodics.

GEN. II.

SPEC. V.

Clonus
subsultus.

These convulsive movements sometimes dependent on local debility, and do not interfere with the general health. Illustrated from Darwin.

Further illustration.

they may occasionally be allayed by cordials, antispasmodics, and warmer sedatives, and are altogether lost in a favourable turn of the disease.

It occasionally happens, that the debility, producing these weak convulsive actions, is local and habitual: and in such cases they may be seen to agitate and play over a limb, without any influence on the system generally, and without much injury to the limb itself. Such a state of nervous constitution may be produced by accident, but it is for the most part strictly idiopathic; and there are few practitioners, perhaps, who have not met with examples of it. Dr. Darwin gives us an instance in the following words: "A young lady, about eleven years old, had for five days had a contraction of one muscle in her fore-arm, and another in her arm, which occurred four or five times every minute; the muscles were seen to leap, but without bending the arm. To counteract this new morbid habit, an issue was placed over the convulsed muscle of her arm, and an adhesive plaster wrapped tight like a bandage over the whole fore-arm, by which the new motions were immediately destroyed, but the means were continued some weeks to prevent a return." * The author has sometimes seen it about one of the shoulders, but the extremities are its most usual seat; and he was lately consulted by a lady of a strikingly irritable habit, who was suddenly attacked with it both in her hands and feet, so as to throw her into a considerable degree of alarm. Upon enquiring into the patient's age and state of health, he was informed, that she was between forty and fifty, that menstruation was on the point of leaving her, and had of late appeared very irregularly, and that she had a considerable oppression in her head. The cause was therefore obvious, and the cure was not difficult: for it yielded to a moderate venesection, and an habitual attention to the state of the bowels.

SPECIES VI.

CLONUS PANDICULATIO.

PANDICULATION.

TRANSIENT ELONGATION OF THE EXTENSOR MUSCLES, USUALLY WITH DEEP INSPIRATION AND A SENSE OF LASSITUDE.

GEN. II.

SPEC. VI.

Why to be regarded as a spasmodic action.

THIS is, perhaps, the slightest modification of spasmodic actions; but as it often occurs, as in nausea on the first stage of a febrile paroxysm, whether the will consents or not, and is frequently and irregularly repeated, it cannot but be regarded as belonging to the present family on many occasions. The muscles chiefly concerned are the extensors of the lower jaw and of the limbs: the particular kind of pandiculation, to which the first of these movements gives rise being called OSCITANCY, YAWNING, or GAPIING; and that produced by the second, STRETCHING. The muscles are excited to

* Zoonomia, Catenation, sect. xvii. i. 8.

this peculiar action by a general feeling of restlessness or disquiet; and the spread of the action from one muscle, or set of muscles, to another is from that striking sympathy, or tendency to catenate in like movements, which we so often behold in different parts of the body without being able to explain. It is possible, however, that the synchronous motion of the muscles of the lower jaw and of the limbs, for it is rarely that yawning and stretching do not accompany each other, may be dependent upon the same line of intercourse, by which trismus so often accompanies a wound in one of the extremities, and which we have already attempted to illustrate; the irritant power, in the one case, leading to a fixed or entastic, and, in the other, to a transient and clonic spasm.

Pandiculation, considered physiologically, is an instinctive exertion to recover a balance of power between the extensor and flexor muscles, in cases in which the former have been encroached upon and held in subjection by the latter.

A very slight survey of the animal frame will show us, that the flexor muscles have, in every part, some preponderancy over the extensors; and that this preponderancy is perpetually counteracted by the stimulus of the instinct or of the will. We see it from the first stage of life to the last, and most distinctly in those states in which there is most feebleness, and consequently in which the controlling powers are least capable of exercising and maintaining a balance. In the foetus, therefore, in which the weakness is most pressing, the power of instinct is merely rising into existence, and no habit of counterpoise established in the nascent fabric, every limb, and part of every limb capable of bending, undergoes some degree of flexure, and the entire figure is rolled into a ball, as the hedge-hog habitually rolls himself, even after birth. As the fetus, however, increases in size and age, and the powers of instinct, sensation, and volition become more perfect, this general confluxure produces occasionally a sense of uneasiness; and hence every parturient mother is sensible of frequent internal movements and stretchings of the little limbs of the fetus to take off the uneasiness, by restoring some degree of balance to the antagonist powers. After birth, and during wakefulness, the stimulus of the will, directed rather to the extensor than the flexor muscles, renders the counterpoise complete for all the purposes for which it may be necessary. But the moment we repose ourselves in sleep, and the will becomes inactive and withdraws its control, the flexor muscles exercise their preponderancy afresh, though in a less degree than in fetal life, since the extensors, from habitual use, have acquired a more than proportionate increase of power. The preponderancy, however, when long exerted, still produces some degree of disquiet, and hence occasionally during sleep, and still more vigorously the moment we begin to awake, we instinctively rouse the extensor muscles into action; or, in other words, yawn, stretch the limbs, and breathe deeply, to restore the equipoise that has been lost during unconsciousness.

In all these cases, pandiculation is a natural action; it is an effect produced by the will when it is called to the particular state of these two sets of muscles, or by the instinctive or remedial power of nature, which supplies its place, when it is dormant or inattentive, to restore ease to a disquieted organ. But, in an infirm or

GEN. II.
SPEC. VI.
Clonus
pandiculatio.
Oscitancy,
yawning, or
gaping.
Stretching.
Exciting cause.

Pathology.

Natural preponderancy of the flexor over the extensor muscles.

Shown in the foetus.

Pandiculation here exerted to restore the balance of power.

A like preponderancy after birth.

Pandiculation again used to restore the balance.

In all these cases pandiculation a natural action.

GEN. II.
SPEC. VI.
Clonus
pandiculatio.

How far a
morbid and
convulsive
action.

Frequency of
recurrence how
accounted for.

Yawning of
indolence and
fashionable
indulgence.

debilitated condition of the system, it evinces a morbid and convulsive character, and takes place without our being able to prevent it, even when the will uses its utmost effort to resist, instead of to encourage it.

How far its repetition may be of use in the shivering fit of an ague, or in a nauseating deliquium of the stomach, it is difficult to say. Yet we are at no loss to account for its frequency of recurrence: for as the whole system is, in such circumstances, thrown into a sudden prostration of strength, the extensor muscles, in consequence of being naturally weaker than their antagonists, must become soonest exhausted, and give way with a more than ordinary submission to their power. And hence we behold a painful retraction over the whole system, and the preponderancy assumes a rigid and spastic character; and we may fairly conclude, that much of the yawning and stretching, which ensue, is for the purpose of getting rid of the constrictive spasm, though these counteractions themselves often run, in the attempt, into a spasm of another kind, and become convulsive.

Yawning and stretching, then, are among the signs of debility and lassitude. And, hence, every one who resigns himself ingloriously to a life of lassitude and indolence, will be sure to catch these motions, as a part of that general idleness which he covets. And, in this manner, a natural and useful action is converted into a morbid habit; and there are loungers to be found in the world, who, though in the prime of life, spend their days as well as their nights in a perpetual routine of these convulsive movements, over which they have no power; who cannot rise from the sofa without stretching their limbs, nor open their mouths to answer a plain question without gaping in one's face. The disease is here idiopathic and chronic: it may, perhaps, be cured by a permanent exertion of the will, and ridicule or hard labour will generally be found the best remedies for calling the will into action.

GENUS III.

SYNCLONUS.

SYNCLONIC SPASM.

TREMULOUS, SIMULTANEOUS, AND CHRONIC AGITATION OF
VARIOUS MUSCLES, ESPECIALLY WHEN EXCITED BY THE WILL.

GEN. III.
Origin of the
generic term.

WE have already observed that CLONUS imports "agitative," or "tremulous motion of the muscles;" and hence SYNCLONUS means necessarily their "multiplied, conjunctive, or compound agitation, or tremulous motion." The term is therefore intended to denote a group of diseases more complicated in form, of more extensive range, or more connected with the general state of the constitution, than those of the preceding genus; and it runs parallel with the

clonici universales of Sauvages, as far as they can be said correctly to belong to this family. The species, included under this genus, will be found to be the following :

GEN. III.
Clonici
universales of
Sauvages.

- | | |
|----------------------|--------------------|
| 1. SYNCLONUS TREMOR. | TREMBLING. |
| 2. ————— CHOREA. | ST. VITUS'S DANCE. |
| 3. ————— BALISMUS. | SHAKING PALSY. |
| 4. ————— RAPHANIA. | RAPHANIA. |
| 5. ————— BERIBERIA. | BARBIERS. |

SPECIES I.

SYNCLONUS TREMOR.

TREMBLING.

SIMPLE TREMULOUS AGITATION OF THE HEAD, LIMBS, OR BOTH
MOSTLY ON SOME VOLUNTARY EXERTION.

THE proximate cause of this disease, is an irregular transmission of irritable power to the motory fibres of the muscles that constitute its seat. It is strictly a disease of nervous debility, either general or local: debility produced by sudden exhaustion, as in the case of great muscular fatigue from violent exercise, severe cold, or a vehement exertion of the passions, and particularly the passions of fear and rage; or debility produced slowly and insensibly by causes of tardy operation, as an injudicious use of mercury, lead, opium, or other mineral and narcotic poisons; an habitual excess in hard drinking or sexual commerce; and, in some idiosyncrasies, an immoderate indulgence in tea. And, as this disease is a result of debility, it necessarily occurs as a symptom on the general spasm and prostration of strength that so peculiarly distinguish the accession of an ague-fit, and the interruption of sensorial power that takes place in paralysis.

GEN. III.
SPEC. I.

Proximate
cause.
Exciting
causes.

Why a con-
comitant of
an ague-fit.

There are some persons, however, in whom the same convulsive action exists habitually, without any morbid state of other organs, or any other inroad upon the general health. I once knew a lady considerably beyond the middle of life, who was strikingly affected with this complaint, insomuch that the slightest voluntary exertion of any of the muscles threw the head and arms into as great a tremor as if they had been hung upon wires, but who enjoyed at the time, and had for a long term of years continued to enjoy, as perfect health as possible in every other respect; was lively, cheerful, animated, possessed of brilliant powers of conversation, and able to use a more than ordinary portion of exercise without fatigue.

Habitual
tremor some-
times found in
some organs
without any
affection of the
general health.
Illustrated.

The earlier part of her life had been passed in India, but her constitution did not appear to have suffered from this circumstance; and so gradual was the attack of the affection, that though she had laboured under it for many years, she could not date its commencement from any given point of time. She at length died at the age of seventy-two or seventy-three, her corporeal powers

GEN. III.

SPEC. I.

Synclonus
tremor.

Physiology.

progressively declining, and laying a foundation for a general dropsy, while her mind continued firm to the last.

In all cases of this kind, the supply of nervous energy to the motory fibres of the affected muscles takes place interruptedly, and where the organ or the constitution is in a state of debility, it is also less abundant as well as less uniform. We have already observed, that the nervous energy, (or fluid, as the author preferred calling it,) in its natural course is transmitted only by waves or vibrations, and consequently with an interposing pause or relaxation after every efflux; but that the pause is instantaneous, and the supply so regular as to answer the purpose of a permanent and continuous tenour. In clonic tremor, the pauses are, however, prolonged, and, for the most part, irregular or untrue to themselves; and the greater the retardation and irregularity, the more marked and alarming the spasmodic shake.

Tremulous
movements
often regular
and uniform,
and under the
control of the
will.

Exemplified.

In the case just adverted to, there was no other diseased action whatever; the nervous power was unquestionably supplied in sufficient abundance, and the pauses, though prolonged, were uniform; and it was singular to observe the influence the will possessed over the affected muscles under these circumstances, and how completely they were still under its control: for, in consequence of the uniformity of the morbid interruptions, and from the force of habit, I have seen this patient, in the midst of a shaking that threatened every moment to overturn whatever she took hold of, raise a cup brimful of tea, or a glass brimful of wine to her lips by way of experiment, without spilling a single drop.

Where medical
treatment may
be of advan-
tage:
and of what it
should consist.

Where the corporeal health is so little interfered with, as in the present case, a course of medical treatment might, perhaps, do more mischief than benefit. But where the constitution is generally affected, or the muscles that form the seat of the convulsion are manifestly debilitated, general and local tonics and stimulants may sometimes be tried with advantage, though they frequently fail of producing any good effects. Sea-bathing and horse-exercise, a generous diet, change of air and scene, may be found useful auxiliaries in the general treatment; and long continued and daily friction by a skilful rubber, ammoniacal embrocations, blisters, setons, and a course of voltaism or electricity, offer the best promise, as topical means of relief. The affected limbs may also be put into a train of gradual exertion, for the purpose of obtaining both strength and steadiness: and, to this end, the head or shoulders may be occasionally made to balance an easy weight for a given period of time, and the hands to suspend, or carry, a wine-glass or tumbler brimful of water.

Balance of
easy weights.

Shampooing.

Here also may be recommended the kneading-friction, or shampooing of the Egyptians and Turks, which has of late become a fashionable refreshment in the watering-places of our own country; and there can be no question, that the pungent and exhilarating essential oils, which are applied to and absorbed by the skin afterwards, add considerably to the general efficacy. Something like this the French have long been in the habit of employing under the name of *frictions sèches*.* The horse-hair shirts, and periodical flagellations, of the old Franciscan friars would probably be

Frictions
sèches.

* Ardouin, Essai sur l'Usage des Frictions Sèches, &c.

found to answer the same purpose. But this is a remedy which is not likely to be revived in the present day, whether from a medical or a moral call.

GEN III.
SPEC. I.
Synclonus
tremor.

SPECIES II.
SYNCLONUS CHOREA.

ST. VITUS'S DANCE.

ALTERNATELY TREMULOUS AND JERKING MOTION OF THE FACE, LEGS, AND ARMS, ESPECIALLY WHEN VOLUNTARILY CALLED INTO ACTION; RESEMBLING THE GRIMACES AND GESTURES OF BUFFOONS; USUALLY APPEARING BEFORE PUBERTY.

THE term CHOREA, from χορός, "chorus," "cætus saltantium," is comparatively of modern date in its application to the present disease; nor is it easy to determine satisfactorily who originally employed it. It was first more limitedly denominated CHOREA SANCTI VITI, under which limitation it occurs in Sydenham, and is still known in popular language, being called, in colloquial English, St. Vitus's Dance, and, in colloquial French, Dance de St. Guy. According to Horstius, the name of St. Vitus's Dance was given to this disease, or, perhaps, more probably, to a disease possessing some resemblance to it, in consequence of the cure produced on certain women of disordered mind, upon their paying a visit to the chapel of St. Vitus, near Ulm, and exercising themselves in dancing from morning to night, or till they became exhausted. He adds, that the disease returned annually, and was annually cured by the same means.

GEN. III.
SPEC. II.
Specific term
of modern
date.

Whence called
St. Vitus's
Dance, or
Dance de
St. Guy.

The marvellous accounts of this dance, as related by old writers, are amusing from their extravagance. The paroxysm of dancing, we are told, must be kept up, whatever be the length of the time, till the patient is either cured or killed; and this, also, whether she be young or old, in a state of virginity or of parturition; and, in the growing energy of the action, we are further told, that stools, forms, and tables are leaped over without difficulty, if they happen to be in the way. Felix Plater gravely tells us, that he knew a woman of Basle, afflicted with this complaint, who, on one occasion, danced for a month together*; and the writers add generally, that it was hence necessary to hire musicians to play in rotation, as well as various strong sturdy companions to dance with the patients till they could stir neither hand nor foot.†

Nature and
duration of the
remedial dance
described.

Said to have
been sometimes
kept up for a
month without
ceasing.

The nearest approach to this kind of gymnastic medicine, which I am acquainted with in modern times, is a singular case of the

Recent case ap-
proaching to it.

* De Mentis Alienat., cap. iii. A case, in which a girl, ten years of age, kept up the most extraordinary movements and exercises for five weeks, sometimes for fifteen hours a day, is related by Dr. Watt. (See Med. Chir. Trans., vol. v.) As Mr. Hunter of Glasgow has truly remarked, it is perhaps the most extraordinary case of the kind on record. (See Edin. Med. Journ., No. lxxxiii. p. 268.) — Ed.

† Paracels. De Morb. Amentium, tract. 1. Schenck, De Maniâ, lib. 1.
VOL. III. Z

GEN. III.
SPEC. II.
Synclonus
chorea.

Tarantismus.
Carnevaletto
delle donne.

Probably syn-
onymous with
the scolotyrbé
of Galen.

Description
from Hamilton.

A disease of
debility, ap-
pearing most
commonly
among chil-
dren.

Muscles of the
face usually at-
tacked first.

Afterwards
other muscles
of different
kinds.

same disease, described by Mr. Wood in the seventh volume of the Medico-Chirurgical Transactions. The morbid movements were in measured time, and constituted a sort of regular dance as soon as music was struck up, but ceased instantly upon a change of one time to another, or upon a more rapid roll of the drum, which was the instrument employed on the occasion, than the morbid movements could keep up with. Advantage was taken of the last part of this very singular influence, and the disease was cured by a perseverance in discordant or too rapid time. This form of the disease appears to have a near relation to the tarantismus of Sauvages, which is the carnevaletto delle donne of Baglivi, all of them probably nothing more than modifications of the present. Linnéus, and after him Macbride, from the epithet of *sanctus*, as applied to CHOREA, or a belief that such affections are induced by the immediate agency of a superior order of beings, have applied to it the name of *HIEROXOSOS*, or "morbus sacer" — a name, however, which, by earlier writers, was appropriated to convulsion-fits.

In Galen chorea seems to be included under a disease which he calls *SCELOTYRBE*, literally, "cruris turba or perturbatio," — "commotion of the leg;" and his description, which is as follows, is extremely accurate. "It is a species of atony or paralysis, in which a man is incapable of walking straight on, and is turned round to the left when the right leg is put forward, and to the right when the left is put forward, or alternately. Sometimes he is incapable of raising the foot, and hence drags it awkwardly, as those that are climbing up steep cliffs."

One of the best general descriptions which have been given us of chorea, is the following of Dr. Hamilton, contained in his valuable treatise on the utility of purgatives: "Chorea Sancti Viti attacks boys and girls indiscriminately*; and those chiefly who are of a weak constitution, or whose natural good health and vigour have been impaired by confinement, or by the use of scanty or improper nourishment. It appears most commonly from the eighth to the fourteenth year. I saw it in two young women, who were from sixteen to eighteen years of age. The approaches of chorea are slow. A variable and often a ravenous appetite, loss of usual vivacity and playfulness, a swelling and hardness of the lower belly, and, in general, a constipated state of the bowels, aggravated as the disease advances, and slight, irregular, involuntary motions of different muscles, particularly those of the face, which are thought to be the effect of irritation, precede the more violent convulsive motions, which now attract the attention of the friends of the patient.

"These convulsive motions vary. The muscles of the extremities and of the face, those moving the lower jaw, the head, and the trunk of the body, are, at different times, and in different instances, affected by it. In this state the patient does not walk steadily; his gait resembles a jumping or starting; he sometimes

* Dr. Hcberden states, that only one fourth of his patients were males; which agrees with the result of Dr. Elliotson's experience. The latter physician considers the period of life most subject to chorea to be from three or four years to fourteen. — Ed.

cannot walk at all*, and seems palsied; he cannot perform the common and necessary motions with the affected arms. This convulsive motion is more or less violent; and is constant, except during sleep, when, in most instances, it ceases altogether.† Although different muscles are sometimes successively convulsed, yet, in general, the muscles affected in the early part of the disease remain so during the course of it. Articulation is now impeded, and is frequently completely suspended. Deglutition is also occasionally performed with difficulty.‡ The eye loses its lustre and intelligence; the countenance is pale, and expressive of vacancy and languor. These circumstances give the patient a fatuous appearance. Indeed, there is every reason to believe, that when the complaint has subsisted for some time, fatuity to a certain extent interrupts the exercise of the mental faculties."

Thermaier gives a case in which it was connected with a deeply melancholic temperament, and the limbs were in a state of constant snatching and trepidation§: but this is a rare concomitant; nor is fatuity a constant sequel of it, even in its most obstinate and chronic form. The present author has met with various instances in which the disease has continued with considerable violence from an early period to old age, without making any inroad whatever on the mind, or even spreading to any other joints, limbs, or muscles, than those at first affected. He once knew a man under the habitual influence of this complaint who was a good orator, always reasoning with great clearness, and delivering himself with much animation. The movements of his arms were indeed in ungraceful snatches, and the muscles of the neck frequently evinced a like convulsive start, yet not so as to interrupt the flow of his periods, or to abridge his popularity. He knew another person, for many years severely afflicted with the same complaint, who was an excellent musician, public singer, and composer of music; and this, too, notwithstanding that he was blind from birth. The person alluded to, is the late Mr. John Printer, of the Foundling Hospital. In walking he was always led, on account of his blindness, and used a staff on account of the unsteadiness of his steps; but, notwithstanding every exertion, his gesticulation was extreme, and so nearly approaching the antics of a buffoon, that it was often difficult for a spectator to suppress laughter. Yet, in singing and playing, he had a perfect command over the muscles of the larynx and of the fingers; his tones were exquisitely clear and finely modulated; but his neck and head curvetted a little occasionally.

GEN. III.
SPEC. II.
Synclonus
clitorca.

Articulation
and deglutition
impeded.

Patient appears
fatuous, and
sometimes be-
comes really so.

Sometimes has
evinced a deep
melancholic
temperament
and perpetual
trepidation.

The mind not
unfrequently
uninfluenced
where the dis-
ease is violent
and habitual.

Has accom-
panied good
orators,

public musi-
cians and
singers.

Exemplified.

* It is observed, that the patients generally walk quickly better than slowly: Dr. Heberden adverts to one individual who could not walk, though he could run. — ED.

† Dr. Elliotson has seen the skin of the chin and breast rubbed off by the perpetual scraping of one on the other. He has known the patient unable to lie on the bed, rolling off it, so that it was necessary to strap him down. These, however, were very severe cases. Except in extreme instances, the movements are suspended during sleep. Lect. on Med. at Lond. Univ., as reported in Med. Gaz. for 1832-33, p. 533. — ED.

‡ As to feeding patients, Dr. Elliotson observes, that is often very difficult; and it will sometimes require the aid of two or three persons to give them their meals — two to hold them still, and one to catch the favourable opportunity of putting the spoon into their mouths. Op. cit

§ Consil., lib. II. cap. x7.

GEN. III.

SPEC. II.

Synclonus
chorea.Malleatio,
what.

He died when about sixty years of age, without ever exhibiting any debility of intellect.*

There is a singular form of this disease, which has been called by some writers *MALLEATIO*, consisting in a convulsive action of one or both hands, which strike the knee like a hammer. In this case the hands are usually open, but sometimes clenched. Morgagni† relates a case in which it came on even in the sound hand, if the finger of the affected one were extended. If the motion be forcibly stopped, the convulsion becomes afterwards still more violent and general.

Sometimes connected with hysteria.

Singular example of these mixed movements.

Description.

Where the system is disposed to hysteria, the paroxysm is sometimes extremely vehement, and partakes of the constitutional diathesis, making an approach to epilepsy, but distinguished from it by a continuance of consciousness and sensibility. Dr. White of York has given us a striking example of this mixed affection in a lady forty-two years of age, who "had always a very weak system of nerves," and was rendered speechless for an hour or two upon any sudden surprise. In November, he tells us, she was affected with a fresh paroxysm, which, upon being sent for, he describes as follows: — "She complains of a violent pain in the right side of her face, and of universal erratic aches and soreness. There is a scorching heat all over the skin, except from the feet up to the ankles, which are as cold as marble. Pulse not quickened, but full; mouth dry, but no great thirst; body costive, which is indeed her natural habit, so as to oblige her to the frequent use of *magnesia*. She is regular as to the menses, the return of which she expects in five or six days. Appetite good, rather voracious; but her spirits always low after a full meal, especially dinner. Has a violent pain in the loins, which often shifts from hip to hip; the leg of the aching side being so much affected with stupor and numbness, that she drags it after her in walking. She falters in her speech at times, but this does not continue long. All the muscles of the body evince convulsive motions; not simultaneously, but successively: thus, her face is first violently affected, then her nose, eyelids, and whole head, which is thrown forcibly backward, and often twitched from one side to the other with exquisite pain. From this quarter the convulsive action removes, first into one arm, and then into the other; after which both legs immediately became convulsed with violent and incessant motions, and, in this manner, all the external parts of her body are affected by turns. She is all the time perfectly sensible, and knows what limb is going to be attacked next, by a sensation of something running into it from the part already convulsed, which she cannot describe in words; but the foretoken has always been found to be true, though the transition is surprisingly quick. She is easiest in a prone posture. Such," continues Dr. White, "has been her situation upwards of forty-eight hours, with scarce a moment's remission,

* According to Dr. Elliotson, one leg and one foot generally first show the disease. The first symptom usually observed, is that of one foot being dragged after the other. The arms are generally more affected than the legs. The face has very frequently a fatuitous appearance; the mind is apparently a little affected; and *certainly persons are somewhat childish* in this disease. Lect. on Medicine at the Lond. Univ., op. cit.

† De Sedibus, &c. x. 16.

by which she complains of great and universal soreness. No words can convey an adequate idea of her odd appearance: and I do not in the least wonder, that, in the times of ignorance and superstition, such diseases were ascribed to supernatural causes and the agency of demons.* Even Dr. White himself applies to it, perhaps in imitation of Sauvages, the name of hieronosos.

The predisponent cause of this disease is an irritability of the nervous system, chiefly dependent upon debility, and particularly a debility of the stomach and its collatitious organs. Most of the diseases of children are seated in this quarter; and it is from it that chorea commonly takes its rise, and shows itself in an early period of life; the ordinary occasional causes being bad nursing, innutritious diet, accumulated feces, worms, or some other intestinal irritant.†

About the age of puberty, there is another kind of general irritation that pervades the system: and where this change does not take place kindly, which is frequently the case in weakly habits, the irritation assumes a morbid character, and is exacerbated by a congestive state of the vessels that constitute its more immediate seat: and chorea takes its rise from this cause.

In effect, where the predisponent cause of an irritable state of the nervous system is very active and predominant, a local or temporary excitement of any organ, and almost at any period of life, will give rise to the convulsive movements of chorea: and hence we find it so frequently united with an hysteric diathesis. It has been produced by a fright‡, by a wound penetrating the brain through the orbit of the eye§, by an improper use of lead, mercury, and some other metals||, and by suppressed cutaneous eruptions.¶

GEN. III.
SPEC. II.
Synclonus
chorea.

Predisponent
cause: chiefly
debility of the
stomach and its
collatitious
organs.

Unkindly men-
struation an-
other predispo-
nent.

An irritable
temperament a
predisponent;
in which case
any local ex-
citement may
produce the
disease.

Local excite-
ments various.

* Edin. Med. Comment., vol. iv. p. 326.

† Choreia, says Dr. Armstrong, is always preceded by some disorder of the stomach, liver, or bowels; and the affection, which takes place in the brain and spinal cord (for both of them are affected) seems to be secondary. "You may almost always trace its rise to some improper diet. It is very common in children, who eat many vegetables, and are subject to worms." After adverting to its occasional production by the irritation of dentition, Dr. Armstrong mentions the case of a pregnant lady, who laboured under chorea; she had a tapeworm, which the doctor dislodged by means of a dose of turpentine, and the chorea ceased. See Armstrong's Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases. 8vo. Lond. 1834, p. 733.

‡ Stoll. Rat. Med., part iii. p. 405.

§ Geash, Phil. Trans., vol. liii. 1763.

|| De Haen. Rat. Med., part iii. p. 202.

¶ Wendt, Nachricht von dem Krankeninstitut zu Erlangen, 1783. What myriads of different diseases are referred to debility, disorder of the stomach and bowels, suppressed eruptions, discharges, &c.! Yet we remain quite in the dark how the effect is produced; why it should happen in one individual and not in another; and why, apparently, the same alleged cause should produce in different persons consequences entirely different? The clue to an explanation of these points would convey more information than the often repeated allusion to debility, disordered stomach, &c. Dr. Armstrong's pathological view of chorea is, that the disorder first commences in the primæ viæ; and that the brain is next affected, as seems to be proved by the countenance, and by the state of the intellect, which, however, be it remembered, is not always weakened. Dr. Armstrong believed the spinal cord to be implicated, because the upper and lower extremities are both affected. "Probably," he says, "the cerebrum, the cerebellum, and the spinal cord, are all affected." (On the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 734.) M. Magendie details an

GEN. III.

SPEC. II.

Synclonus
oreca.Medical treat-
ment.First intention
to destroy the
local irritation.Hence a steady
course of brisk
purgings.

The particular
purgative of no
great import-
ance: but,
where worms
are suspected,
the oil of tur-
pentine pre-
ferable.

Purgative plan
pursued by
Sydenham in
conjunction
with bleeding:
but the last
rarely called
for.

From this view of the general nature and origin of the disease, we can be at no loss to account for the great benefit, which has been derived from a steady course of brisk purging in recent cases, or those of early life: for this, while it carries off the casual irritation, or unloads the infarcted viscera, seems at the same time to act the part of a revellent, and to prohibit the return of the paroxysm by a new excitement. It may appear, perhaps, strange to those who have not thought upon the subject, that where the disease has proceeded from intestinal irritation, it should also be carried off by intestinal irritation. But the irritations are of very different kinds: and it is so far from following of necessity, that, because one kind of irritation, applied to a particular organ, excites a particular effect in a remote part, another will do the same, that the converse is more commonly true, and that any other kind of irritation, applied to the same organ, by exciting a new action, will be the most effectual way of taking off or preventing such effect. And it is upon this ground alone that we often endeavour to cure rabies, trismus, and tetanus, by laying open the original wound to a considerable extent, or the application of some new stimulus that may answer the same purpose.

The principle being a general one, it does not seem of much consequence what purgative is employed, provided it be sufficiently powerful; though, where worms are suspected, the essential oil of turpentine, from its being a good anthelmintic, as well as a good cathartic, will be found one of the best. It seems, indeed, to have been occasionally serviceable where worms have not been the cause, for Dr. Powell relates a case, in which he completely effected a cure in a girl of seventeen, by a single dose of a fluid ounce*: and hence its antispasmodic power may at times co-operate with its purgative quality as well as its vermifuge power.

Sydenham, who recommended an alternation of bleeding and purging, probably derived far more advantage from the latter, than the former part of his plan†: it has been found peculiarly advantageous in the hands of Dr. Hamilton: and Dr. Parr, who ascribes to Sydenham the first hint he obtained upon this subject, affirms, that having pursued the purgative plan with great activity through sixty cases of the disease, which occurred to him in a course of

extraordinary case, in which the power of the will over the muscular motions was at intervals entirely lost; but, instead of the muscles being paralysed, or remaining at rest, they were seized with the most irregular and indescribable movements for hours together. Some light has been thrown on the cause of such anomalous cases by the experiments which this distinguished physiologist made on some of the lower animals, rendering it probable that the *will* is more particularly seated in the cerebral hemispheres, while the direct cause of motion is in the spinal marrow. Hence, he observes, it is readily conceivable why, in certain cases, these motions are not produced, though commanded by the will; and why, in certain circumstances of a contrary nature, very extensive and energetic motions are developed without any participation of the will. (*Compendium of Physiology*, vol. i. p. 201.) On these principles, explanations are attempted of the irresistible propensity to move forwards and backwards, and of the quick and continuous rotations to the right or left, &c., occasionally noticed in patients labouring under chorea. — En.

* *Transact. Medico-Chir. Soc.*, vol. v. p. 358.

† “If large quantities of blood be drawn, especially in delicate habits, the disease will be invariably increased.” *Armstrong*, op. cit., p. 735.

twenty years' practice, he was successful in the whole of these cases except one; and that in all but this one, he found the disease yield, not only soon, but with few instances of a relapse.*

There is, therefore, no malady whatever, perhaps, that calls so peremptorily for stimulating the abdominal viscera into increased action; and as chorea often precedes puberty, or occurs about this period of life, we have another reason for directing an augmented stimulus to the lower regions of the living frame, and rousing into energy the tardy development of the sexual organs. Even blistering the sacrum at this period of life is often attended with success. Dr. Chisholm† affirms, that he found it so after a total failure of antispasmodics and the purgative plan: and, as his patients were all eighteen years of age or below, the success was probably dependent upon the principle here pointed out.

But it is necessary to attend to the state of the system generally as well as locally, to take off the constitutional weakness and irritability, as well as the topical irritation, and especially where the disorder has acquired a chronic character. And hence other remedies must be had recourse to as well as purgatives. The German physicians have strongly recommended the use of antispasmodics and sedatives, and especially musk, belladonna, and foxglove, with a view of allaying the irregular action, and Dr. Cullen speaks as decidedly of the benefit of opium.‡ But the advantage derivable from these seems to be merely palliative; and the stimulant tonics and alterants promise a better success.

The cuckoo flower or lady's smock, *cardamine pratensis*, so common to the meadows of our own country, was at one time supposed to be of essential service in the cure of this and various other spasmodic affections. Michaëlis, who is a great advocate for its use, employed it in the proportion of a drachm every six hours.§ But it owed of late its reputation in this country chiefly to the recommendation of Sir George Baker, who published five cases of spasmodic diseases, two of them instances of chorea, in which he conceived a most decided benefit was obtained from the use of these flowers. In the hands of later practitioners, however, they have

GEN. III.

SPEC. II.

Synclonus chorea.

Medical treatment.

Similar plan useful where the cause is unkindly menstruation.

Blistering the sacrum.

Second intention to strengthen the system generally.

Antispasmodics.

Opium.

Tonics and alterants.

Cardamine pratensis strongly recommended by Michaëlis and Sir G. Baker.

* According to the experience of the late Dr. Armstrong, a due attention to the secretions of the liver, and to the alvine discharges, and a regulated diet, with an occasional shower bath, will almost invariably cure chorea, provided the plan be followed up for six weeks, or two or three months. "The best diet for children in chorea is bread and milk in the morning and evening, and a small quantity of animal food with bread in the day. This diet is the best if there be no inflammation in the stomach or small intestines, and then the diet should be very bland, as milk, with some farinaceous food, arrow-root, or thin gruel. Get rid of acidity by an occasional dose of magnesia, or of the carbonate of an alkali. Give calomel every night, in conjunction with rhubarb or jalap; and sulphate of magnesia with infusion of senna, or compound decoction of aloes, or cold-drawn castor oil in the morning. As an alternative, give small doses of blue pill occasionally, not oftener than every second night. When the patient loathes food, but there is no pain on pressure, and the head is not affected, a mild emetic may be administered. If there be inflammation of the stomach or small intestines, apply leeches as long as the tip of the tongue is red, and there is obscure pain on pressure." See Armstrong on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 735. — Ed.

† On the Climate and Diseases of Tropical Countries, p. 97. 8vo. 1822.

‡ Mat. Med., part II. chap. vi. p. 246.

§ Richter, Chirurg. Bibl., b. v. p. 120.

GEN. III.

SPEC. II.

Synclonus
chorea.Medical treat-
ment.Seville orange-
tree leaves
the favourite
remedy of
De Haen,
Westerhoef,
and Hoffman;
his stomachic
elixir.Metallic salts
and oxydes.Oxyde or
flowers of zinc.Cadmia of
Gaubius.

Luna fixata.

Ammoniated
copper may be
mixed with full
doses of oxyde
of zinc, and
the stomach
still bear it.

Silver.

not supported their credit, and have consequently sunk into disuse. The leaves of the Spanish or Seville orange-tree, as a stimulant and tonic bitter, are far more entitled to attention, not only in this, but in various other cases of convulsive spasm. They were first recommended to De Haen by Westerhoef, who, as well as Werlhoff, employed them with considerable success: and they were afterwards introduced by Hoffman, as a valuable ingredient, into his celebrated stomachic elixir; and for the same reason formed a part in the composition of Whyt's stomachic tincture. They were given in the form of decoction, and in that of powder; in the last case the dose is from half a drachm to a drachm, three or four times a day.

The metallic salts and oxydes have been tried in every form. At one time, the most popular of these were the flowers of zinc. Dr. Gaubius first brought them into reputation, and gave to the metal the name of *CADMIA*; and, according to his statement, they worked wonders in all clonic affections whatever, chorea, hooping-cough, hysteria, convulsion, and epilepsy; on which account they were afterwards employed upon a still larger and more popular scale by the famous empiric Luddemann, under the name of *LUNA FIXATA*.^{*} This medicine has, however, by no means been able to maintain its high character; and even Stoll, who once employed it as a favourite, at length abandoned it as good for nothing[†], and returned to the belladonna in its stead, which he employed in the form of an extract from the juice of the root; giving it from a sixth to a quarter of a grain every quarter of an hour, and, as he affirms, with very great advantage.

For the information of practitioners in general, however, it should be noticed, that, when the stomach has reached its full dose of the oxyde of zinc, it will still bear a full dose of ammoniated copper in conjunction with it, by which means the metallic power may be very much increased. Thus a delicate stomach will rarely bear more than two grains of either of these without nausea; yet it has been found, that the same stomach will continue at ease under a mixed powder of two grains of the former, and two and a half of the latter, at a dose.[‡]

The nitrate of silver seems to have been radically successful in various well-established cases. It has commonly been given in the guise of pills, from one to five or six grains to a dose.

[In one interesting example recorded by Dr. Crampton §, purg-

^{*} *Dissertatio Medica inaug. de Zinco.* Aut. Jacob. Hart. Lugd. Bat. 4to.

[†] The oxyde of zinc is still in great favour with some practitioners, being regarded by them as a more manageable preparation than the sulphate. It may at first be given in doses of five grains, and gradually increased. According to Mr. Bedingfield, it was so successful in the Bristol Infirmary, that he considers it as a specific. Upwards of forty cases occurring there, were, with one exception, cured by it. See *Compendium of Med. Practice*, p. 51.; and *Cyclop. of Pract. Med.*, art. *CHOREA*. — Ed.

[‡] Letter from Dr. Odier to Dr. A. Duncan, *Edin. Med. Com.* iii. p. 191. The sulphate of zinc is a medicine in high repute at the present time for the cure of chorea. Many practitioners prefer its exhibition to that of purgatives. With the exception of two cases, however, the late Dr. Armstrong never saw the purgative treatment fail. Sulphate of zinc may be given three times a day, in five-grain doses, gradually increased, and the bowels should of course be regulated. — Ed.

§ *Trans. of the King's and Queen's College of Physicians*, vol. iv. p. 111.

atives were extensively tried, with various other remedies; but the disorder scarcely remitted under any mode of treatment, until the nitrate of silver was prescribed.

Iron had been recommended in chorea, among a multitude of vegetable and mineral tonics; but until Dr. Elliotson published the results of his experience with it, its powers were not appreciated, nor the possibility contemplated of giving it with advantage when the disorder was accompanied with headach, vertigo, and a degree of paralysis. The facts which this physician has published in favour of the efficacy of the subcarbonate of iron, given every six hours in doses of two scruples and sometimes even of half an ounce, blended with gruel, mucilage, or treacle, are calculated to recommend it strongly to the notice of medical practitioners as a remedy of the highest value in chorea. When the bowels were confined, Dr. Elliotson sometimes gave his patients scammony, calomel, and other purgatives; but, in some of the instances, they were rarely used.*]

Another remedy entitled to credit in the present day, is arsenic; for it is difficult to resist the evidence from various quarters in which it seems not only to have produced benefit, but to have established a perfect cure. [Mr. Martin prescribed it in one case with success; and Mr. Salter, of Poole, found it answer in an instance in which the nitrate of silver, and many other medicines, had failed. It has also been given with advantage by Dr. G. Gregory.†] It is commonly given in the form of the solution of the London College, in doses of ten drops to a youth of twelve or fourteen years of age three times a day, increasing the dose as there may be occasion.‡

In this disease, however, as in various others, it will often be found, and the remark is well worth attending to, that different remedies are required for different individuals, even where the cause is obviously the same; and that what produces no benefit in one case, is highly advantageous in another. Camphor in large doses has succeeded where turpentine or the nitrate of silver has completely failed; and a brisk purgative plan has sometimes answered where all the preceding have proved of no use whatever. It is hence we are to account for Dr. Cullen's peculiar attachment to the bark, which he tells us he has found "remarkably useful," and prefers to any of the preparations of copper, zinc, or iron §: while Dr. Powell informs us, that in a lady of *seventy* years of age, of a very irritable habit, attacked for the first time with this complaint in severe paroxysms at night, he found musk, in doses of ten grains every six hours, succeed and produce a cure, when purging, blistering, the ammoniated spirit of amber, nitrate of silver, ammoniated tincture of valerian, castor, muriated tincture of iron, bark, and opium had all failed. ||

GEN. III.
SPEC. II.,

Synclonus
chorea.
Medical treat-
ment.

Iron.

Arsenic.

Different reme-
dies required
for different
individuals.

Illustrated.

Musk stated
to have been
useful after
every other
medicine had
failed.

* See Med. Chir. Trans., vol. xiii. p. 232. et seq.

† Id., vol. iv. p. 45.; vol. x. p. 218.; and vol. xi. p. 299.

‡ It would be imprudent to commence with this quantity. It is best to begin with one or two drops, for a child six or eight years of age, three times a day, always taking care to administer it after a meal, and very gradually increasing the dose, according to its effects. In some of the cases alluded to in the text, it was the only medicine prescribed; in others, it had been preceded by purgatives.

— Ed.

§ Mat. Med., part II. ch. II. p. 112.

|| Med. Trans., vol. v. p. 192. Also Maton's Case cured by Musk, p. 188.

GEN. III.

SPEC. II.

Synclonus
chorea.

Medical treat-
ment.

Leeches,
shower-bath,
and purgatives.

Antimonial
ointment to the
scalp and spine.
Prussic acid.

Voltaism and
electricity.

Gymnastic
exercise in
measured
movements :

as that of
dancing, when
kept within
due bounds.

[In a severe example successfully treated by Dr. Crampton *, where headach was a prominent symptom, leeches were repeatedly applied to the temples, neck, and along the spine, in succession ; the head shaved ; the shower-bath employed ; and the action of the bowels regulated. In another case treated by Mr. Hunter, of Glasgow, a cure was accomplished by rubbing antimonial ointment into the scalp, and along the course of the vertebral column.† In an instance recorded by Mr. Stuart, the patient was cured by the prussic or hydrocyanic acid, preceded by purgatives. ‡]

Voltaism or electricity was warmly recommended by De Haen. Like the preceding remedies, either appears to have been serviceable in some cases ; but they are far outbalanced by the instances in which they have failed. It is very possible, that, in some instances, a long and punctual discipline of the affected limbs, where the disease is not very severe, to regular and measured movements, may progressively recall them to their wonted order and firmness, as a like discipline of the vocal organs in stammering has not unfrequently been found to restore them to a regularity of utterance : and, with this view, the gymnastic exercise of dancing, whose movements are all measured with the greatest nicety, and which was so much depended upon in former times, and asserted to have been so successful, may be well worthy of attention in the present day, provided it be kept within due bounds, and be not carried to the ridiculous extreme we had occasion to notice a few pages above.§

SPECIES III.

SYNCLONUS BALLISMUS.

SHAKING PALSY.

PERMANENT AGITATION OF THE HEAD OR LIMBS WITHOUT VOLUNTARY EXCITEMENT ; BODY BENT FORWARD, WITH A PROPENSITY TO RUN AND FALL HEADLONG ; USUALLY APPEARING AFTER MATURITY.

GEN. III.

SPEC. III.

Synonymis.

THIS is the SCELOTYRBE FESTINANS of Professor De Sauvages, and the SHAKING PALSY of Mr. Parkinson. || The genus Tantalismus of Baligvi seems to hold an equal point between BALLISMUS and CHOREA, and the species usually arranged under it may be

* Trans. of the King's and Queen's College of Physicians, vol. iv. p. 120.

† Edin. Med. Journ., No. lxxxiii. p. 261. ‡ Op. cit., No. xciii. p. 271.

§ Dr. Armstrong saw one case, where a strictly regulated diet and every other plan had failed, and which was cured by music. A travelling musician passed by the house, and, while he was playing, the child's parents noticed that its motions were remarkably still ; they took the hint, and procured sleep regularly every night by means of music ; and the child ultimately recovered. See Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 736.

Iodine has been successfully employed by Dr. Manson and others, as a remedy for chorea. It was given in combination with mild cathartics. Med. Researches, &c. p. 187. &c. — Ed.

|| Essay on the Shaking Palsy. 8vo. 1817.

resolved into the one or the other, and are done so under the present arrangement.

The term *Ballismus* (βαλλισμός) is not used in a medical sense by the Greek writers, but occurs in Athenæus, and various other authors, in the literal sense of tripudiation, or “tripping, capering, curvelling on the toes;” from βαλλίζω, “tripudio, pedibus plando;” and is hence well designed to express the characteristic feature of the patient’s being thrown involuntarily, when he attempts to walk, “on the toes and fore-part of his feet,” to employ the language of Mr. Parkinson, “and impelled, unwillingly, to adopt a running pace:” or, as Dr. Cullen, who has indiscriminately blended this species with the preceding, expresses it, to “various fits of leaping and running.” *

Ballismus, however, though not found in the writings of the Greek physicians, has been long established as a technical term in the medical nomenclature of later times, in which it has been used, with little discrimination, to import almost all, or any of, the species that belong to the present genus.

Sauvages observes, that while chorea, or *scelotyrbe Sancti Viti*, attacks the young, *ballismus*, or *scelotyrbe festinans*, attacks those in advancing life; and the remark is founded on a just distinction of the characters of the two diseases; though there are other features also of as striking a peculiarity, and which are here introduced into their respective definitions. SHAKING PALSY, as it is called by Mr. Parkinson, who has adopted the colloquial name, is by no means a correct designation; for though in the disease before us there is a weakness of muscular fibre, and a diminution of voluntary power in the parts affected, there is none of that diminution of sensation, by which PALSY is generally characterised. Mr. Parkinson’s description of the disease, however, is the best we have hitherto had, and is as follows:—

“So imperceptible is the approach of this malady, that the precise period of its commencement is seldom recollected by the patient. A slight sense of weakness, with a proneness to trembling, sometimes in the head, but most commonly in the hands or arms, are the first symptoms noticed. These affections gradually increase, and at the period, perhaps, of twelve months from their first being observed, the patient, particularly while walking, bends himself forward. Soon after this, his legs suffer similar agitations and loss of power with the hands and arms.

“As the disease advances, the limbs become less and less capable of executing the dictates of the will, while the unhappy sufferer seldom experiences even a few minutes’ suspension of the tremulous agitation: and should it be stopped in one limb by a sudden change of posture, it soon makes its appearance in another. Walking, as it diverts his attention from unpleasant reflections, is a mode of exercise to which the patient is in general very partial. Of this temporary mitigation of suffering, however, he is now deprived. When he attempts to advance, he is thrown on the toes and fore part of his feet, and impelled unwillingly to adopt a running pace, in danger of falling on his face at every step. In the more advanced stage of the disease, the tremulous motions of

GEN. III.

SPEC. III.

Synelonus
ballismus.Origin of the
specific term.Blended by
Cullen with the
preceding
species.Distinctive
signs.Disease not
properly named
a palsy.Description
from Parkinson.Commence-
ment.

Progress.

Advanced
stage.

* Pract. of Phys., part II. book III. ch. III. MCCCIII.

GEN. III.
SPEC. III.
Synclonus
ballismus.

the limbs occur during sleep, and augment in violence till they awaken the patient in much agitation and alarm. The power of conveying the food to the mouth is impeded, so that he must submit to be fed by others. The torpid bowels require stimulating medicines to excite them into action. Mechanical aid is often necessary to remove the feces from the rectum. The trunk is permanently bowed; muscular power diminished; mastication and deglutition difficult; and the saliva constantly dribbles from the mouth. The agitation now becomes more vehement and constant; and when exhausted nature seizes a small portion of sleep, its violence is such as to shake the whole room. The chin is almost immoveably bent down upon the sternum; the power of articulation is lost; the urine and feces are discharged involuntarily, and coma with slight delirium closes the scene."

Fatal close.

Remote causes.

The remote cause is involved in some obscurity. Long exposure to damp vapour, by lying from night to night on the bare earth, in a close unventilated prison, seems to have produced it; and possibly other causes of chronic rheumatism: and hence it has frequently supervened on chronic rheumatism itself. Long indulgence in spirituous potation has often given rise to it: and probably any thing that debilitates the nervous power.*

And on this account miners, and others exposed to the daily exhalation of metallic vapours, and especially those of mercury, are frequent and severe sufferers; of which Hornung has adduced many interesting examples from the quarrymen in Carniola.† It has also followed worms in the intestines‡; and, in this case, has sometimes assumed a periodical type.§

Seat of the
disease contro-
verted.

Cerebrum, as
regarded by
Bonet.

The part of the nervous organ more immediately affected has, also, afforded some ground for controversy. Bonet ascribes it to a diseased state of some portion of the cerebrum, and has given examples of its being found, on dissection, to contain, in various quarters, proofs of serum, sanies, and other morbid secretions.|| But the misfortune is here, as we have already observed in similar appearances after mania, that it is impossible for us to determine whether these diseased fluids give rise to the disease, or the disease to them. And hence Mr. Parkinson seems to pay no attention to them, at least as a cause, and fixes the seat of the affection in the cervical part of the spinal marrow, from which he supposes it to shoot up by degrees to the medulla oblongata. We have already shown sufficiently, in the Physiological Proem to the present Class, that the nervous fibres which ramify over the extremities, whether sensitive or motile, originate from the chain of the spinal marrow;

Cervical part
of the spinal
marrow, as re-
garded by
Parkinson.
Question
examined.

* Modern writers distinguish the true paralysis agitans from the description of cases here adverted to. It certainly possesses many points of similarity to chorea, and mercurial palsy; yet differences are noticed, not only from these affections, but from the trembling brought on by the abuse of spirituous liquors, strong tea or coffee, or by mere old age. In these examples the agitation stops if the limb be supported, and none of its muscles put in action; whereas, in the real shaking palsy, the reverse takes place. The gait is also peculiar; the patient, when he attempts to walk, being impelled unwillingly to adopt a running pace.

— En.

† Cista, p. 280.

‡ *Commerc. Liter.* Nor. 1743, p. 55.

§ *Act. Nat. Cur.*, vol. ii. obs. 143.

|| *Sepul.*, lib. i. sect. xiv. obs. 7. 9.

and we have also shown, in discussing the diseases of trismus, tetanus, and lyssa, how acutely one extremity of a chain of any kind, and particularly of a continuous fibrous chain, sympathises with another: and there can be no difficulty, therefore, in conceiving, that wherever the cutaneous ends of the nerves of motion are torpified, or otherwise affected by any of the causes just adverted to, the vertebral column must itself very seriously participate in the mischief, and consequently the upper or cervical part of this column; and that from this point the disease must ramify to the brain before the general functions of the system become affected, as in its latter stages.

The remedial process is not very plainly indicated. Vesicatories, and other stimulants applied to the neck or even the dorsal vertebræ, have appeared useful. A seton or caustic, and especially the actual cautery, as practised so generally in France, might possibly be of more avail applied to different parts of the spine. Beyond this an active purgative system, as strongly recommended by Riedlin, has certainly been found efficacious*; and the subcarbonate of iron, the prussic acid, and solution of arsenic, bid as fair for a favourable result here as in the preceding species.† Starck tried musk, and carried it to very large doses frequently repeated every day‡; but it does not seem to have produced any decisive success.

Friction of the affected extremities, resolutely persevered in by a skilful rubber, with stimulant embrocations of camphor or ammonia, should also be tried in an early stage of the disease, and be alternated with the use of the voltaic trough. Here, too, we may expect to derive advantage from a free use of diaphoretic and alterant apozems, as the decoction of the woods, and especially where the disease is suspected to be of a rheumatic origin:—to which may be added a regular course of bathing in the Bath springs.

GEN. III.
SPEC. III.
Synclonus
ballismus.

Vertebral
column must
participate in
the disease.

Remedial
process.
Vesicatories.
Actual cautery.

Active purgatives.
Subcarbonate
of iron.
Solution of
arsenic.
Musk.

Local stimulants.
Voltaic trough.
Bath waters.

* Lin. Med., 4695, p. 101.

† This statement is far too promising; for the disease does not, like chorea, take place in young, but generally old persons, and is commonly believed to be connected with organic disease of some part of the nervous system. Dr. Elliotson informs us, that he has never been able to cure but one case, and this was a patient not more than thirty-five. As there was pain in the head and giddiness, copious bleeding, blisters, mercury, low diet, and setons, were first tried, but without any benefit. Zinc was next prescribed, and, as that did not answer, the subcarbonate of iron was given, which effected a cure. Dr. Elliotson has since tried the latter medicine in four or five other cases of shaking palsy, but without the least benefit. Lectures at the Lond. Univ. See Med. Gaz. 1832-33, p. 533.
— Ed.

‡ Klinische und Anatomische Bemerkungen.

SPECIES IV.

SYNCLONUS RAPHANIA.

RAPHANIA.

SPASTIC CONTRACTION OF THE JOINTS; WITH TREMBLING AND PERIODICAL PAINS.

GEN. III.
SPEC. IV.

Origin of
specific name,
and cause of
the disease as
fixed by
Linnéus.

Other sources
urged by other
writers, but by
all ascribed to
the use of
vitiating grain
of some kind.

OF this species we know little or nothing in our own country. It was first described by Linnéus, who called it *Raphania*, from his supposing it to be produced by eating the seeds of the *raphania raphanistrum*, a wild radish or sharlock that grows indigenously in our native corn-fields, as well as in the corn-fields of most parts of Europe. By other writers, as Hermann and Camerarius, it has been ascribed to the use of darnel or rye * infested with the spur, or ergot, or some other parasitic plant, which, as we have already observed, is a frequent cause of other very severe complaints, as MILDEW MORTIFICATION (*gangræna ustulaginea* †) and ERYTHEMATOUS PLAGUE (*pestis erythematica*). ‡ All these diseases, however, are so distinct from each other, that though there can be little doubt of their being severally produced by some poisonous material contained in the patient's food, the poison must be of different kinds, and we do not seem to be acquainted with the cause of this difference; and hence the question has given rise to much controversy, and been discussed with some warmth on the Continent; for, while the greater number of writers refer the disease to the *raphania*, or spurred rye (*secale cornutum*), many deny that it is produced by either of these §, and Lentin ascribes it to the honey-dew of various plants ||, concerning which we shall have to speak in the fourth volume, under *PARURIA mellita*. That it is a vegetable poison, however, seems to be admitted by common consent, and it is possible, that the poison is not confined to a single plant.

Illustrated.

That many poisonous plants have a direct tendency to affect the nervous system, and excite entastic or clonic spasm, or a mixture of the two, according to the peculiarity of the poison itself, or of the habit into which it is introduced, we have frequently had occasion to notice already, and particularly under the head of ERUPTIVE SURFEIT (*colica cibaria efflorescens*). ¶ This is particularly the case with several of the deleterious agarics or funguses, some of which seem to operate chiefly on the sensific nerves, and produce a general stupor; and others on the motory, and produce palpitations, cramps, or convulsions over the whole system. ** It is very probable, therefore, that the cause, ordinarily assigned for the present species of disease, is the true one.

* Abhandlung von der Kriebelkrankheit, &c. Cassell, 1775-8. De Lall. *Lolio. temulento*. Tubing. 1710.

† Vol. ii. p. 675.

‡ Id., in loc.

§ Wichmann, Beytrag. zur Geschichte der Kriebelkrankheit. Leips. 1771-8.

|| Beobachtungen einiger Krankheiten, &c.

¶ Vol. i. p. 177.

** See Heberden, Med. Trans., ii, 218.

There is an excellent paper upon this subject in the *Amœnitates Academicæ* *, furnished by Dr. Rothman, a pupil of Linnéus, from which the disease seems to be not unfrequently epidemical, and always to commence in the autumn. It is found, however, only among the lower orders of people, and, in the epidemic referred to, is sufficiently traced to impure admixtures with their grain, and the employment of this vitiated grain in too new a state. Dr. Rothman delineates the disease from actual observation, and does not believe it to be a new malady, as generally supposed, but thinks he has traced it in the writings of various authors from the year 1596 to 1727; which would establish, moreover, that it has been common to other parts of Europe as well as to Sweden. And in confirmation of this we may observe, that Dr. Mercard† describes a disease very much resembling raphania, that appeared at Stade in the winters of 1771, 1772, which was evidently epidemic, and accompanied with symptoms of fatuity, or that narcotic effect which many deleterious plants are sure to produce.

Dr. Cullen, who has generalised far too much his description of chorea, in his *Practice of Physic*, seems to have embodied this species, as well as the preceding, in the common delineation, and hence, when he tells us that “there have been instances of this disease (chorea) appearing as an epidemic in a certain corner of the country‡,” there can be little doubt, that he alludes to the species before us originating from the cause now assigned, although, without some such interpretation as the present, the passage is no very intelligible.

The disease commences with cold chills and lassitude, pain in the head, and anxiety about the præcordia. These symptoms are followed by spasmodic twitchings, and afterwards rigid contractions of the limbs or joints, with excruciating pains, often accompanied with fever, coma, or delirium, sense of suffocation, and a difficulty of articulating distinctly. It continues from eleven days to three or four weeks; and those who die, generally sink under a diarrhœa or a paroxysm of convulsions.

The warm antispasmodics, as valerian, castor, and camphor, appear to have been employed with decisive success. An emetic, however, given at the onset of the symptoms, as recommended by Henman, would probably cut short the course of the disease, and mitigate its violence. This writer advises also blistering or bathing with Dippell's Animal Oil.§ Camphorated vinegar, as employed by other practitioners, would probably be found a more useful embrocation.||

Towards the close of the disease, purple exanthems or vesications are said to be sometimes thrown out, which approximate it to mildew-mortification and the erythematic pestis, both which, as we have already observed, have been traced to a similar cause.

GEN. III.

SPEC. IV.

Synclonus
raphania.Rothman's de-
scription in
Amœnitates
Academicæ.Supposed to be
of early date.Regarded by
Cullen as a
species of
chorea.Origin and
progress of the
disease.

Close.

Remedial
treatment.

* Tom. vi. art. cxxiii. 1763.

† *Medicinische, Versuche*. Zweyter Theile. 8vo. Leipzig.

‡ Part II. book III. chap. III. mcccLIII.

§ *Abhandl. von der Kriebelkrankheit*.|| *Nachricht. von der Kriebelkrankheit*.

SPECIES V.

SYNCLONUS BERIBERIA.

BERIBERY. BARBIERS.

SPASMODIC RIGIDITY OF THE LOWER LIMBS, IMPEDING LOCOMOTION; OFTEN SHOOTING TO THE CHEST, AND OBSTRUCTING THE RESPIRATION AND THE VOICE; TREMBLING AND PAINFUL STUPOR OF THE EXTREMITIES; GENERAL OEDEMATOUS INTUMESCENCE.

GEN. III.

SPEC. V.

Origin of generic name.
How regarded by Sauvages.

Said to have been known to the Greeks, but not under this name, as they used the word in a different sense.

Term clearly of oriental origin :
and common to most oriental tongues.

Probably the etymon of the French *brebis*.

Disease chiefly found on the Malabar coast, in Ceylon, and to the north of Madras.

Causes.

Fresh troops principally affected.

BONTIUS seems first to have introduced the term BERIBERI or BERIBERIA into medical nomenclature, and tells us it is of oriental origin*; and Sauvages has hence copied it into his list of “nomina barbara, seu nec Græca, nec Latina.” Mangetus affirms, that the disease was known to Erasistratus, but certainly not under this name. Eustathius, however, has βέρβερι, but in the sense of “concha or ostræum,” “conch or shell,” — and tells us that it is a term of Indian origin. He might have said, with more propriety, of oriental origin, for it is common both in its primary and duplicate form, בר or ברא, ברבר or ברברי to the Hebrew, Chaldee, Syriac, and Arabic, in which last it is برابير (berabir), and in all of them is a nomadic term, importing tillage and its production, which is grain, or pasturage and its production, which is sheep, or other cattle; and hence, probably, the origin of *brebis* or sheep in the French tongue. The term is said to be applied to this disease in India from the patient’s exhibiting, in walking, the weak and tottering step of a sheep that has been over-driven.

This disease, though common to various parts of India, is chiefly met with in Ceylon and on the Malabar coast, [especially in that tract of country reaching from Madras as far north as Ganjam.]† It seems to be produced by sudden transitions of the atmosphere from dry to damp, and from sultry calms to chilling breezes. In these countries, it attacks both natives and strangers, but particularly the latter, during the rainy season, which commences in November and terminates in March; through a great part of which, also, the land-winds blow from the neighbouring mountains every morning about sun-rise with great coolness; and hence, those who sleep abroad, or without sufficient shelter, are equally exposed to the influence of a penetrating chill and damp.‡ [The instances are comparatively rare, in which it has occurred at a distance from the sea exceeding sixty or seventy miles.]

Fresh troops, partly from their being new to the climate, but chiefly from their want of a sufficient degree of caution, very

* De Medicinâ Indorum, cap. i.

† Hamilton in Edin. Med. Chir. Trans., vol. ii. p. 13.

‡ According to Mr. Wright, who had opportunities of making remarks on the disease, as it presents itself on the Malabar coast, it was most prevalent towards the end of the rainy season, when the night temperature was many degrees lower than that of the day. See Edin. Med. and Surgical Journal, vol. xli. p. 235. — ED.

frequently suffer severely from this complaint so long as the rainy season continues. Thus we learn from Mr. Christie, that the 72nd regiment was severely attacked with it in the autumn of 1797, not many months after its arrival, and continued to suffer from it till the ensuing spring; and that the 80th regiment, which relieved the 72nd in March, 1797, was equally attacked with it in the ensuing November.* It is, however, in all such cases, most frequently to be found amongst those who have previously weakened their constitutions by sedentary habits, or a life of debauchery; and particularly where too free an indulgence in spirits has co-operated with sedentary habits, as among the tailors and shoemakers of a battalion; who, in order to give them time to work at their respective trades, are often excused from the duties of the field, and, by their double earnings, are enabled to procure a larger quantity of spirits than other men. And we may hence, in some degree, account for Mr. Christie's remark, that, during his stay at Ceylon, he never met with an instance of this complaint in a woman, an officer, or a boy under twenty.†

The disease commences with a lassitude and painful numbness of the whole body, the pain sometimes resembling that of formation. The legs and thighs become stiff, the knees are spasmodically retracted, so that the legs are straightened with great difficulty, and instantly relapse into the retracted state, whence the patient is apt to fall if he attempt to walk. In some cases, indeed, the motory and sensific power, instead of being distributed to the muscles of locomotion irregularly, is not distributed at all, and the limbs become paralytic. And even where the spasmodic action exists, it often travels or extends to other parts of the body, and particularly to the chest and the larynx, so that speaking and respiration are conducted with great difficulty.

At the same time, the whole of the absorbent system exhibits equal proofs of torpitude, the legs first, and afterwards the entire surface of the body becomes bloated and œdematous, and all the cavities, particularly those of the chest, are progressively loaded with fluid: and hence, towards the close of the disease, where it terminates fatally, the dyspnœa is extreme, and accompanied with an intolerable restlessness and anxiety, and constant vomiting; the muscles are convulsed generally; while the pulse gradually sinks, the countenance becomes livid, and the extremities cold.

Such is the course of the disease as it shows itself at Ceylon, where it seems to rage more severely than on the Malabar coast, and where we are told by Mr. Christie, whose account is confirmed by Mr. Colhoun‡, that its progress is so rapid, that the patient is often carried off in six, twelve, twenty-four, or thirty-six hours from its onset, though it ordinarily runs on for several weeks.§

* "So far as I know," says Mr. Hamilton, "there is no instance on record of an individual being attacked with the disease immediately upon his arrival in India." Edin. Med. Chir. Trans., vol. ii. p. 21. — Ed.

† This agrees with Mr. W. P. Wright's statement, that "the periods of infancy and boyhood are exempt; and females are seldom attacked." See Edin. Med. and Surgical Journal, vol. xli. p. 323. — Ed.

‡ Essay on the Diseases incident to Indian Seamen or Lascars on long Voyages, by W. Hunter, A.M. &c.

§ On the Malabar coast the disease appears in different forms. The first of these is named by Mr. Wright the *severe*, or *inflammatory*, which is generally a

GEN. III.
SPEC. V.
Synclonus
beriberia.

Exemplified.

Predisponents.

History and
progress of the
disease.

Sometimes
peculiarly
severe and
rapid.

GEN. III.

SPEC. V.

Synclonus
beriberia.Original communications
from the Army
Medical Board,
confirming the
preceding
account.Beribery some-
times suspected
to be a modifi-
cation of
some other dis-
ease, especially
of anasarca.Collier's
opinion;

Dwyer's;

Farrell's.

Description by
Dwyer.

Since the first edition of the present work, various important communications have been made to the Army Medical Board upon the subject before us. These, by the kindness of my eminent friend the Director-General, I have been enabled to examine, and they concur in supporting the general character of the disorder as given above; as they do also in affirming, that neither women, officers, nor persons under twenty years of age, become the subjects of beribery; evidently because such individuals are rarely called upon to expose themselves at night, or to sleep in the open air.

From the complicated nature of the disease, however, and the variety of organs that are linked in the general chain of morbid action, suggestions have often occurred, whether beribery be not rather a modification of some other malady, than an idiopathic affection; and especially whether it be not a peculiar form of anasarca, deflected from its common course by accidental circumstances. The last is more especially the opinion of Mr. Collier, a staff-surgeon of considerable talents and authority; and to the same opinion I find Dr. Dwyer inclining, physician to the forces at Kandy in Ceylon. Yet, after having, in his manuscript report, which is a very valuable document, called it incidentally by the name of *acute anasarca*, he tells us that, from the great diversity of its symptoms, many cases have been referred to apoplexy, carditis, aneurism, gastritis, which were purely examples of beribery: and he then proceeds as follows:—"Although allied in many of the symptoms to dropsical affections, IT IS TO BE CONSIDERED DISTINCT BOTH IN SYMPTOMS AND TREATMENT."* And to the same effect, a very able inspector of hospitals in the same quarter, Dr. Farrell, who observes as follows:—"I cannot help thinking still, notwithstanding the weight of his (Mr. Collier's) authority, that the affection, commonly called beri-beri, is a disease of exhaustion and debility, occurring chiefly in persons of intemperate habits, and labouring under other maladies." In effect, it is not only a disease of exhaustion and debility, but of these properties peculiarly applied to the nervous system; the dropsical and apoplectic symptoms only taking place secondarily, and as a result of the general weakness. "The more prominent symptoms," observes Dr. Dwyer, "were numbness of the extremities, muscular power greatly impaired, walking attended with a considerable degree of unsteadiness, pain, tottering, and weakness of the joints; such instability of gait as resembles a person walking on his heels; sometimes paralysis. *In the latter stages of the disease, when the*

first attack, the patient being robust, and dropsical symptoms present, of the kind termed by pathologists acute, or arterial. The *second* is the *asthenic*, when the patient has been reduced by some previous disease, or by a relapse of it; then the dropsical symptoms resemble those observed after protracted fevers, or other debilitating causes. The *third* is the *local* variety, the disease seeming to be confined to the lower extremities, with merely œdema and paralysis of them, unaccompanied by constitutional irritation. (See Edin. Med. and Surgical Journal, vol. xli. p. 324.) It is admitted, however, that the cases sometimes vary, according to the constitution of the patient and effect of noxious influences; so that, though he has at first only local symptoms, he may be suddenly attacked by general acute anasarca. — Ed.

* Lord Valentia's Travels, vol. i. p. 318.

thorax becomes affected, increased uneasiness of the epigastrium and vomiting succeed; dyspnœa and all the symptoms of hydrothorax."

At times the spasmodic action spreads, even from the first, to other organs than the limbs, and produces a very striking effect. A sergeant of the 45th regiment, of sober habits, who seems to have nearly recovered from two previous attacks at Kandy about a year before, and had left the hospital, was suddenly seized, April 1. 1822, with "an extreme difficulty of breathing, inability to walk or speak much. The muscles of the forehead, face, and nose, were in motion at the exertion made to speak or breathe. The corrugations of the latter gave a sharpness of countenance very peculiar, but indicative of great distress and anxiety. The countenance soon became livid; the pulsations of the heart were loud and fluttering; its strokes against the side could not be distinctly counted. He was bled two pounds without much relief. The appearance of this poor man was very affecting. The blood drawn was sily; and, upon re-opening a vein from a large orifice, he again bled freely; but, becoming exhausted, it was thought prudent to stop it again. His legs were much swelled, and pitted on pressure. They were covered with small livid spots, as well as other parts of his body, like flea-bites, but much larger. *He died in half an hour afterwards.* The thighs and abdomen were but little swelled in proportion to his legs, but evidently larger than natural. His arms were emaciated, and no part œdematous. He appeared of stout make."

The intumescence of the legs seems to have been a result of debility from the two prior attacks; but it was nevertheless expected, that most of the cavities of the body would have given proof of an hydropic affection; and I have selected this case as one of the strongest in support of such an opinion: for, in general, though water is traced, sometimes in one cavity and sometimes in another, yet there is seldom much accumulation, and still more seldom such as to produce oppression. Dr. Dwyer took a minute of sixteen cases; and his remark upon the whole of these is, "water is *usually* found in some of the cavities, but the organs vary:" and such an observation is alone sufficient to take beriberi out of the list of proper dropsies, whatever other place we may assign to it.

An early post-obit examination, however, of the case before us showed as follows:—"About an ounce of serous straw-coloured fluid escaped in various ways, on opening the dura mater. Filling up the gyri on the surface of the brain, we observed a gelatinous transparent matter of some tenacity and consistence; it looked like a coating of isinglass. *In the ventricles there was but very little fluid*; in no other part of the cranium were indications of pre-existing disease observed." In the thorax there were various adhesions, especially within the pericardium, on opening which, seven ounces of a straw-coloured serum were found in it, yet warm. *No fluid in the thoracic cavity.*—In the abdomen there were few morbid appearances, except in regard to the spleen, which was as large as an ordinary-sized liver, and weighed three pounds ten ounces. The liver of its usual size, but had a mottled

GEN. III.

SPEC. V.

Synclonus
beriberia.Spasmodic ac-
tion at times
very extensive.Strikingly
illustrated.General re-
marks on the
case.Post-obit ex-
amination.

GEN. III.

SPEC. V.

Synclonnis
beriberia.Curative
intention.Diaphoretics
and stimulants.

Sand-bath.

Spirituuous
cordials.Local appli-
cations.Convalescent
regimen.Bleeding and
mercury.

appearance. *Only eleven ounces of serous or dropsical fluid were found in this cavity.**

The curative intention is, to re-excite the absorbent system and the affected branches of the nerves to a discharge of their proper functions, by a process of diaphoretics and stimulants. Squill pills and calomel are chiefly depended on for the latter, and James's powder for the former; though the compound powder of ipecacuan seems better calculated for the purpose, as containing a sedative admirably adapted for allaying nervous irregularities.

On the Malabar coast, it is no uncommon practice to excite perspiration in this complaint by burying the patient in a sand-bath; for which purpose a hole is dug in the sandy soil, into which he is plunged as deep as to his neck, and confined there as long as he can bear the heat of the sand that surrounds him. The strength, throughout the whole, is supported by cordials, and in many instances even by ardent spirits diluted for the purpose; punch is a common drink on this occasion, and the refreshing and sedative power of the acid entitles it to a preference. To remove the numbness and pricking or formicative pain from the limbs, friction and stimulant liniments are applied locally, and not unfrequently the legs are plunged into a pediluvium. And where the disease assumes an alarming appearance, and the spasmodic symptoms are very violent, recourse is had to a hot-bath, and the strongest cordials and antispasmodics, as brandy, sulphuric ether, or its aromatic spirit, and laudanum, which it is sometimes found necessary to continue for several weeks.

In convalescence, the patients should be removed, as soon as may be, to a drier and more equable temperature, and be put upon the ordinary plan of tonics, regular exercise, and nutritive diet. In milder cases, they generally recover with the shifting of the monsoon, which carries off the remote cause of the disease, and brings a change of temperature home to them.

[The evident congestion, noticed by Mr. Hamilton in his dissec-

* The morbid appearances, observed by Mr. Hamilton, materially differed from those above described. Upwards of an ounce of serum was effused between the pia mater and tunica arachnoidea; and, in two or three places, there were dark red-coloured patches, one of which was exceedingly vascular, and extended into the substance of the brain from a quarter to half an inch. *There was likewise found considerable effusion in all the ventricles except the fourth.* In the base of the cranium, four ounces of fluid tinged with blood were contained. The lungs were much loaded with dark-coloured blood, and in both cavities of the thorax there was extensive effusion. The heart was healthy, nor did the pericardium contain more fluid than usual. Both its external and internal surface, however, exhibited evident marks of inflammation. The diaphragm was also much inflamed, particularly its right portion. The stomach was healthy. The liver was larger than natural, and gorged with blood, as were also the mesentery and pancreas. The intestines presented nothing remarkable. Traces of congestion were remarked in the spinal marrow. From three to four pounds of fluid were found in the cavity of the abdomen, and the cellular texture, nearly all over the body, was anasarcaous. (Edin. Med. Chir. Trans., vol. ii. p. 18.) Mr. Hamilton notices, that the *post mortem* appearances, described by Mr. Ridley (Dublin Hospital Reports, vol. ii.), mark the existence, not only of internal congestion, but of visceral inflammation, in beriberi, still more decidedly. "Dissections show," says Mr. Wright, "that the patient is at times killed by suffocation from the increased pressure of accumulated fluid in the lungs, and, at others, by apoplexy." His other remarks on this subject generally confirm those of Mr. Hamilton. — Ed.

tions, made him resolve to try the effects of blood-letting. This was practised freely and repeatedly, after which twenty grains of calomel and thirty drops of laudanum were exhibited, and the patient's body fumigated with the hydrargyri oxydum cinereum. In an hour and ten minutes, the calomel and laudanum were repeated. In three hours more, the calomel was given again with six grains of gamboge, and the body was exposed again to the fumigation, "which, together with the scruple doses of calomel, and friction over the surface of the abdomen and thighs with the unguentum hydrargyri fortius and liquor ammoniæ, was repeated every three or four hours, until ptialism was fully established. Every unfavourable symptom then speedily disappeared. Three other cases, treated in the same way, proved equally successful." *]

Beribery has not been hitherto described as existing in any other part of the world; and if it should be found, it will probably exhibit a modification of some of the symptoms, according to the quarter in which it appears. I am induced to make this remark from observing an account† of a very singular spasmodic disease by Dr. Bostock, which evidently belongs to the present genus, and seems to be a variety of the present species, assuming a chronic form. The patient, who was in the middle of life, was first attacked with achings in the lower limb on one side, accompanied with a difficulty and irregularity of motion, which soon spread to the other side, and then gradually to the throat, so as to hinder deglutition, except with great pain and severe exertion: the larynx next became affected, so as to prevent speech, and afterwards the back of the neck, the muscles affected being the voluntary alone. From the spastic rigidity of the limbs, they were both bent and straightened with a like difficulty. The pricking pain, like that of pins, or of a limb awaking from stupor, common to the extremities in beribery, was present here also, though apparently without stupor or œdematous swellings. Yet the intellectual powers were at length affected and weakened; the failure of understanding gradually increasing, but principally showing itself in paroxysms, during one of which the patient died. No cause of the disease could be traced before death, or by dissection afterwards.

GEN. III.
SPEC. V.
Synclonus
beriberia.
Treatment.

Beribery not described as existing elsewhere; but a case of great similarity has occurred in our own country, described by Bostock.

* Hamilton in Edin. Med. Chir. Trans., vol. ii. p. 23. Those practitioners who regard beriberia as a disease of debility, prefer stimulants, deobstruents, and antimonials; whilst others, who look upon it as an inflammatory complaint, recommend blood-letting and evacuates. Mr. Wright is of opinion, that both methods are applicable, if varied according to the peculiar form of the disease, which seems to him to be in many instances of the tribe of idiopathic dropsies, such as, according to Drs. Parry, Blackall, and other modern writers, are originally caused by increased momentum and disorder of the sanguiferous system, and have a general alliance with inflammation, whatever appearance they may afterwards present. In other instances, in which the patient has long suffered from this disease, complicated with abdominal dropsy, Mr. Wright is in favour of supporting the patients with cordials, wine, bark, and nourishing diet. See Edin. Med. and Surgical Journ., vol. xli. p. 328. — Ed.

† Med. Chir. Trans., vol. ix. art. i. p. 1.

CLASS IV.

NEUROTICA.

ORDER IV.

SYSTATICA.

DISEASES AFFECTING SEVERAL OR ALL THE SENSORIAL POWERS SIMULTANEOUSLY.

IRRITATION OR INERTNESS OF THE MIND, EXTENDING TO THE CORPOREAL SENSES, OR THE MUSCLES; OR OF THE CORPOREAL SENSES, OR THE MUSCLES, EXTENDING TO THE MIND.

CLASS IV.
ORDER IV.
Present order
as contrasted
with the pre-
ceding divi-
sions.

Origin of
ordinal term.

THE sensorial powers are those which are dependent on the sensorium or brain as their instrument or origin; and are three in number, — the intellectual, the sensific, and the motory. Thus far we have only contemplated these as they are affected singly, or, where more are affected than one, as influencing the rest only secondarily or sympathetically. The diseases of the present order are of a more complicated origin and nature, and affect several or all the sensorial powers conjointly from the first. The order is hence denominated SYSTATICA, a Greek compound, from συνίστημι, “congregior, consocio.” *Synoptica* might have been employed, and upon as large a scale, so as to denote increased, as well as diminished action, *impellentia* as well as *concidentia*; but this term is usually limited to express maladies of the latter kind; and, consequently, might have produced confusion, since the present order, like all the preceding, includes diseases evincing different, and even opposite, states of action.

The genera appertaining to it are the following : —

I. AGRYPNIA.	SLEEPLESSNESS.
II. DYSPHORIA.	RESTLESSNESS.
III. ANTIPATHIA.	ANTIPATHY.
IV. CEPHALÆA.	HEADACH.
V. DINUS.	DIZZINESS.
VI. SYNCOPE.	SYNCOPE.
VII. SYSPASIA.	COMATOSE SPASM.
VIII. CARUS.	TORPOR.

GENUS I.

AGRYPNIA.

SLEEPLESSNESS.

DIFFICULTY OR INABILITY OF OBTAINING SLEEP.

AGRYPNIA (*ἀγρυπνία*) is a Greek term significant of the English SLEEPLESSNESS, by which it is here rendered. The affection is not introduced into Dr. Cullen's nosological arrangement, and has consequently been omitted by most nosological writers since his time; but it occurs in the greater number of those who preceded him; and its claim to be considered as an idiopathic affection is as clear as that of most diseases concerning which there is no dispute.

GEN. I.

Origin of generic term not noticed by Cullen, but generally by his predecessors.

The two following species are embraced by this genus:—

- | | |
|-----------------------|-------------------------|
| 1. AGRYPNIA EXCITATA. | IRRITATIVE WAKEFULNESS. |
| 2. ————— PERTÆSA. | CHRONIC WAKEFULNESS. |

SPECIES I.

AGRYPNIA EXCITATA.

IRRITATIVE WAKEFULNESS.

SLEEP RETARDED BY MENTAL EXCITEMENT; LISTLESSNESS TO SURROUNDING OBJECTS.

ON the physiology of sleep and dreaming, we briefly touched under the genus PARONIRIA or SLEEP-DISTURBANCE in the first order of the present class; but the subject is of great extent and complexity, and cannot be followed up into any detailed explanation in a work on pathology. At present, therefore, I can only observe, that natural sleep is a natural torpidity of the voluntary organs of the animal frame, produced by a general exhaustion of sensorial power, in consequence of an exposure to the common stimulants or exertions of the day. And hence, if such exhaustion do not take place, natural sleep cannot possibly ensue, though morbid sleep undoubtedly may, as produced by other causes.

GEN. I.
SPEC. I.

Natural sleep what, and how produced.

Now it often happens that, from an energetic bent of the mind to a particular subject, the sensorial power continues to be produced, not only in a more than usual quantity, but for a more than usual term of time; and, in consequence of this additional supply, there is no exhaustion at the ordinary period, and therefore no sleep. Severe grief is often a stimulus of this kind; during which a morbid redundancy of sensorial power continues, followed

How prevented.

GEN. I.
SPEC. I.
Agrypnia
excitata.

Singular ex-
amples of
protracted
sleeplessness.

by a morbid excitement of the system generally from day to day, and from night to night, till the frame is worn out by the protracted watchfulness or sensorial erethism. And it is astonishing to witness, in various instances, how long the frame will support itself before it is worn out, or the irritation that prevents sleep sufficiently subsides for its return, and particularly where the mind is labouring under the influence of the depressing passions, or of depressing pain. A hemicrania has kept a person awake for three months* ; and a melancholy or gloom on the spirits, for fourteen months. Overwhelming joy has often a similar effect, though seldom in an equal degree, or for so long a period of time. The mind may also be intensely directed to some peculiar object of study, and the energy of the will becomes in this case a like stimulus to the production of a fresh or protracted supply of sensorial power, so that the usual exhaustion of the nervous system does not take place at the accustomed period. This is peculiarly the case in a pursuit of the abstract sciences, or those of a more strictly intellectual nature, as the higher branches of the mathematics.

Occasional ap-
proximation
to aphelxia
intenta, or
mental abstrac-
tion.

Where the determination of the mind to a particular subject is exquisitely intense, whether that subject be a passion or a problem, by far the greater part of the sensorial power is expended at this particular outlet ; and consequently the frame at large, with the exception of those organs to which such outlet peculiarly appertains, is so far drawn upon, as a common bank, for a contribution of sensorial power, that it labours under a certain degree of deficiency, and hence a certain degree of torpidity, so as to become insensible to the world around it ; making, in this respect, an approach to the state of mind we have already described under the name of *APHELXIA intenta*, or *mental ABSTRACTION*.

Medical treat-
ment.

The cure of this species of sleeplessness is to be accomplished by allaying the mental excitement by which it is produced. This is best done by recalling the mind from the pursuit that leads it astray, and a free surrender of the will to listlessness and quiet. The perturbation will then subside, the sensorial organs become tranquillised and inactive, and the habit of refreshing slumber resume its influence. But where this cannot be obtained by the mere exercise of the will, we must call opium or some other narcotic to our aid, which, by its revellent stimulus, may coincide with the consent of the will, and produce the exhaustion, and consequently the quiet, that is requisite for sleep.

* Bartholin. Hist. Anat., cent. i. hist. 64. Schenck, lib. i. obs. 256. The editor once attended a young lady, whose complaints consisted in violent palpitations of the heart, cough, and difficulty of breathing, and who was kept almost constantly awake by her distressing sensations for nearly three months. As sitting up, or the least exertion, aggravated the palpitations, she continually kept her bed. This patient was one of the last visited by Dr. Good, who recommended a trial of hyoscyamus. This medicine, and many others, were tried in vain ; but under Dr. Oke, now of Southampton, and Mr. Taylor, of Farnham, a complete recovery gradually took place. — Ed.

SPECIES II.

AGRYPNIA PERTÆSA.

CHRONIC WAKEFULNESS.

SLEEP RETARDED BY BODILY DISQUIET; ATTENTION ALIVE TO SURROUNDING OBJECTS.

THE exhaustion, in which the very essence of natural sleep consists, supposes a perfect quiescence and inactivity of the sensorial powers. Uneasiness of any kind will become an obstacle; and hence, an aching coldness of the extremities or of any other part will prevent it; an uneasy sensation at the stomach or any other part will prevent it; an absence of the common pleasurable feeling with which we ordinarily prepare ourselves for sleep will prevent it: "And, on this account," as Darwin observes, "if those, who are accustomed to wine at night, take tea instead, they cannot sleep. And the same evil happens from a want of solid food for supper to those who are accustomed to use it; as, in these cases, there is an irksome or dissatisfied feeling in the stomach. And hence, also, too great an anxiety or desire to sleep is another cause of its suspension; for this, as a mental disquiet, will only add to the corporeal disquiet which has produced it; and, as already observed, the emotions of the mind must be as quiescent as those of the body, and the will, instead of commanding or interfering, must tranquilly resign itself to the general intention.

Where uneasiness of this kind has been permitted to continue for several nights in succession, the sleeplessness is apt to become chronic, and to be converted into a habit. We have hence had examples, as noticed with their appropriate references in the volume of Nosology, in which vigilance or sleeplessness has continued for a month without intermission*; for six months†; and even for three years.‡

Mr. Gooch gives us a singular case of a man who never slept, and yet enjoyed a very good state of health till his death, which happened in the seventy-third year of his age. He had a kind of dozing for about a quarter of an hour once a day, but even that was not sound, though it was all the slumber he was ever known to take.§

The cure of this disease demands a particular attention to its cause; for if we can get rid of the organic disquiet on which it depends, we shall be pretty sure to succeed in obtaining our object. All irksome chills, and especially those of the feet, should be taken off by a sufficient warmth of clothing; and the habitual supper, or other indulgence which has hitherto preceded and introduced sleep, should be freely allowed.

The lulling sounds of soft and agreeable music, or agreeable

GEN. I.
SPEC. II.

Causes.

How converted
into chronic
wakefulness
for very long
periods:

for the whole
life.

Medical treat-
ment.

Habitual
indulgences.

Soothing
music, and
agreeable
reading.

* Grilling, cent. iv. obs. 90.

† Panarol, Pentecost. v. obs. 4.

‡ Plinii, lib. v. vii. cap. 51.

§ Medical and Chirurgical Observations, &c. 8vo.

GEN. I.
SPEC. II.
Agrypnia
pertæsa.
Treatment.
Hop-bags.
Pediluvium.

Gentle friction.

Mosch.
Hyoscyamus.
Wine.
Hypnotic
powers of the
nutmeg.

Opium.

Wakefulness of
of old people
not strictly a
disease.

reading, have been tried as concomitants, and not unfrequently with success. And narcotic aromas have at times been had recourse to, especially that of the hop, heaped into pillows; but, so far as I have seen, and I have once or twice witnessed the experiment, with as little efficacy as the pillows of the male fern in cases of rickets, which were once, according to Van Swieten, in equal estimation for this last complaint. A pediluvium, as recommended by Lang*, will often be found a much better prescription, or any means which will excite that breathing moisture which is indicative of general ease. Soft, gentle, and general friction, and especially where there is any chill or rigidity upon the limbs, will frequently produce the same effect in a very agreeable way; and this, too, without combining it with the external use of opiates, as proposed by De la Prada†, and various other writers.‡

Mosch was the favourite medicine of Thilenius§, and hyoscyamus of Stoerck||; but a free and exhilarating glass of wine, as proposed by Fordyce, will often answer much better than either of them. In many cases of disquiet, and particularly in the stomach and præcordia, it might be well to try the hypnotic powers of the nutmeg, as warmly recommended by Dr. Cullen. We have already noticed this reputed effect in the East Indies, which Bon-tius confirmed by his own experience, and which has since been confirmed by practitioners in Europe: and when taken in a large dose, there can be little doubt of its somnolent virtue. In the case recited by Dr. Cullen in proof of this, the person had swallowed more than two drachms by mistake, and the effect was a drowsiness, commencing an hour afterwards, which gradually increased to a complete stupor and insensibility. After this he was delirious, and continued to be alternately stupid and delirious for several hours: but, in six hours from the attack, he was pretty well recovered from every symptom.¶

Where, however, the morbid habit is too rigidly established to give way to any of these means, we must forcibly break through it by the use of opium, till the habit itself be overcome, when all narcotics should be gradually omitted.

The wakefulness so common to old people, is hardly a disease. They use but little exertion, and hence require but little sleep; and the internal inactivity is upon a par with the external. A third part of the vessels, perhaps, that took a share in the general energy of the middle of life, is obliterated, and the wear and tear of those that remain are much less. The pulse beats feebly; the muscles of respiration are less forcibly distended; the stomach digests a smaller portion of food, for only a smaller portion is required; the intellect is less active, the corporeal senses less lively, and a minuter quantity of nervous energy produced by the brain and its dependencies. And hence, though there is far more weakness than in earlier life, there is a less proportionate demand for exertion, and consequently a far smaller necessity for sleep.

* Epist. xlv.

† Journ. de Médecine, tom. xxxvi.

‡ Ansert. Abhandl., b. i. iv. st. 45.

§ Medicinische und Chirurgische Bemerkungen, &c.

|| Libellulus quo continuantur Experimenta, &c.

¶ Mat. Med., part ii. ch. v.

From such a line of reasoning we may see, why sleeplessness should be found as a symptom in excessive fatigue, violent pain of any kind, inflammation, fevers, and various affections of the brain.

GEN. I.
SPEC. II.
Agrypnia
pertæsa.
Symptomatic
wakefulness.

GENUS II.

DYSPHORIA.

RESTLESSNESS.

TROUBLESOME AND RESTLESS UNEASINESS OF THE MUSCLES ;
INCREASED SENSIBILITY ; INABILITY OF FIXING THE ATTENTION.

THIS is the *inquietudo* of many authors, which the Greeks expressed by the generic term now chosen, importing, literally, “ tolerandi difficultas,” “ a difficulty of enduring oneself.” It does not expressly enter into the classification of Sauvages, nor that of Cullen, but is nearly synonymous with the *anxietas* of the former, which in the present system becomes a species of this genus. “ *Molesta sensatio*,” says Sauvages, “ quæ ad jactitationem cogit, sed quomodo ab affinibus morbis discrepet, dicant qui experti sunt.”

GEN. II.
Synonyms.

The genus embraces two species, as exhibiting restlessness or inquietude, chiefly confined to the sensific or the irritable fibres ; or as dependent upon the state of the mind.

- | | |
|-----------------------|----------|
| 1. DYSPHORIA SIMPLEX. | FIDGETS. |
| 2. ————— ANXIETAS. | ANXIETY. |

SPECIES I.

DYSPHORIA SIMPLEX.

FIDGETS.

RESTLESSNESS GENERAL, AND ACCOMPANIED WITH A PERPETUAL DESIRE OF CHANGING THE POSITION.

THIS is what we mean by the English colloquial term *Fidgets*, from *fidgety*, most probably a corruption of *fugitive*, though the lexicographers have given us no origin of the term. Both import restlessness, unsteadiness, and perpetual change of place. The proper Latin term is *titubatio* ; and, indeed, most languages have some peculiar term to express this troublesome and irritable sensation, though it has been rarely introduced as a disease into the nosological catalogue.

GEN. II.
SPEC. I.
Origin of the
colloquial
term.
Synonym.

GEN. II.

SPEC. I.

Dysphoria
simplex.

Cause.

Illustration.

Confirmed
from Darwin.Further illus-
trated.How far a mor-
bid affection.Exciting
causes.Remedial
treatment.

The actual cause seems to consist in an undue accumulation of sensorial power, which seeks an outlet, so to speak, at every pore, for want of a proper channel of expenditure. Thus every one becomes fidgety who is obliged to sit motionless beneath a long-drawn and tedious story of common-place facts totally destitute of interest: and still more so when he is eagerly waiting, and fully bottled up, as it were, to reply to an argument loaded with sophisms, absurdities, or untruths, and over which he feels to have a complete mastery. So the high-mettled horse is fidgety that, called out, in full caparison, and still restrained in his career, is panting for the race or the battle. "So the squirrel, when confined in a cage, feels," as Dr. Darwin has ingeniously observed on this disease, which he calls *jactitatio*, "a restless uneasiness from the accumulation of irritative power in his muscles, which were before in continual and violent exertion from his habit of life; and, in this situation, finds relief by perpetually jumping about his cage to expend a part of his redundant energy. For the same reason, children that are constrained to sit in the same place at school for hours together, are liable to acquire a habit of playing with some of the muscles of their face, or hands, or feet, in irregular movements which are called tricks, to exhaust a part of the accumulated irritability by which they are goaded."

In the two last instances, this irritability is simply accumulated for want of a proper outlet, and not from inordinate secretion. In the two preceding cases, of the restrained horse and the restrained orator, there is added to this simple accumulation, for want of disbursement, an accumulation also from inordinate excitement.

It is this last source alone that can give the present affection any thing of a morbid character: and in irritable temperaments this is often the case; for there is a diseased excess of sensorial power produced constitutionally, which is apt, on various occasions, to show itself by a perpetual restlessness or jactitation, as troublesome to those who are of the company, as to those who are afflicted with it.

Paulini* observes that worms, and Lentin† that atony alone, is a cause; and hundreds of other sources of irksome irritation may be added to these; one of the most common of which is an obstinate and unconquerable itching, like that of *prurigo senilis*, and especially in a part of the body that we cannot conveniently get at to scratch: and hence ascarides in the rectum or pudendum, into which last organ they have been sometimes found to creep, is a most distressing, and, in some cases, a maddening cause.

A course of cooling purgatives, warm bathing, or increased exercise, will probably be found most serviceable in this harassing complaint; with an attention to the primary disease, where it is sympathetic.

* Lanx. Sat., Dec. 11. obs. 10.

† Beobacht. der Epidemischen Krankheiten, p. 47.

SPECIES II.

DYSPHORIA ANXIETAS.

ANXIETY.

THE RESTLESSNESS CHIEFLY AFFECTING THE PRÆCORDIA ; WITH
DEPRESSION OF SPIRITS, AND A PERPETUAL DESIRE OF LOCO-
MOTION.

THIS species, in persons of an irritable or highly nervous temperament, and especially among those inclined to hysteria or hypochondriacal symptoms, is occasionally to be met with as an idiopathic affection, to which such a temperament gives a peculiar predisposition. But we see it more frequently as a feature in the first attack of fevers, in nausea, in various affections of the præcordia, and most powerfully and most distressingly in lyssa or canine madness. It has been ascribed to the want of a free passage for the blood through the heart, in consequence of a polypous concretion, or some other obstruction ; to a similar difficulty of its passage through the lungs ; and to a constriction of the vena portæ, producing a like impediment in the lower belly ; and the anxiety has been denominated præcordial, pulmonary, or epigastric, according to the part affected, which, however, we cannot always trace out. The complaint is particularly noticed by Hippocrates, who distinguishes it by the name of alysmus (ἀλυσμός), literally, restlessness or inquietude.

It has sometimes, and especially in persons of an acutely irritable habit, been accompanied with great excitement of the nervous system generally, and spasmodic action of some or even all the muscles, displaying, according to the idiosyncrasy, the symptoms of chorea, hypochondrias, or lyssa ; and has occasionally, as I have reason to believe, been mistaken for lyssa, where the morbid mind has pored incessantly on the recollection of some former scratch or bite of a dog or cat ; and, like lyssa, it has sometimes terminated fatally, though by no means with a like rapidity.

Where the affection is idiopathic, an emetic will be generally found to produce the readiest assistance : after this, the warmer antispasmodics, and, if necessary, narcotics may be successfully employed, with gentle exercise and a light diet.

GEN. II.

SPEC. II.

Where an
idiopathic af-
fection, often
symptomatic.

Causes.

Alysmus of
Hippocrates.

Sometimes ac-
companied
with great ex-
citement of the
nervous system
generally.

Medical treat-
ment.

GENUS III.

ANTIPATHIA.

ANTIPATHY.

INTERNAL HORROR AT THE PRESENCE OF PARTICULAR OBJECTS
OR SUBJECTS ; WITH GREAT RESTLESSNESS OR DELIQUIUM.

GEN. III.
Origin of
generic term.
How far
noticed by
Cullen :
and other
writers.

ANTIPATHIA (*ἀντιπαθής*, from *ἀντιπαθέω*, “naturalem repugnantiam habeo”) does not occur in Swediaur, nor in Dr. Cullen’s classification ; but enters into his supplementary catalogue, “*Morborum à nobis omissorum quos omisisse fortassis non oportebat* ;” or, as he expresses it, in another place, of diseases which were either forgotten when the arrangement was settled, or for which no fit place could be found within its limits. It occurs, however, in Sauvages, Linnéus, Vogel, and Ploucquet, and seems to comprise two species : —

- | | |
|-------------------------|----------------------|
| 1. ANTIPATHIA SENSILIS. | SENSILE ANTIPATHY. |
| 2. ————— INSENSILIS. | INSENSILE ANTIPATHY. |

SPECIES I.

ANTIPATHIA SENSILIS.

SENSILE ANTIPATHY.

ANTIPATHY PRODUCED THROUGH THE MEDIUM OF THE EXTERNAL SENSES.

GEN. III.
SPEC. I.
Common origin
and frequent
appearance.

VERY singular examples of both species belonging to this genus are recorded by the collectors of medical curiosities ; while others are of every-day occurrence. Some may be accounted for from early fright, stories told in the nursery, or that incongruous association of ideas in early life, which we had occasion to notice in the Proem to the present class. But many are of difficult solution, and others altogether inexplicable.

Singular ex-
amples.

Under the species before us, we may mention an antipathy produced by the smell of roses, of strawberries, of mint, and some other herbs ; by the sound of music ; or the sight of a drawn sword, which is said to have existed in King James I. ; or the rattling of a carriage over a bridge, which continued for some years after mature life in Peter the Great of Russia, who was frightened, while an infant, by a fall from a bridge into the water, and who only overcame the antipathy by resolutely accustoming himself to the object of disgust.

James I.

Peter the
Great of
Russia.

Other in-
stances.

The sight of crabs and lobsters, and, still more frequently, of toads and vipers, has produced the same effect ; and we have a

few instances of its being occasioned by what we should much less expect as a cause, the appearance of bread and cheese, or even bread alone.* The object itself, however, seems to be of little or no importance; the feeling in most of these cases results from an association of such object, whatever it may be, with some painful occurrence in early life, of which it continues to be as much the symbol or expression as letters are of ideas. In many instances, the original occurrence is forgotten; but the impression indelibly remains, and the object recalls the mind to its influence. There is reason to believe, however, that the antipathy is often the result of idiosyncrasy, or something peculiar in the framework of the individual constitution.

GEN. III.
SPEC. I.
Antipathia
sensilis.
Common rise
and progress of
the feeling.
Sometimes
strictly
idiopathic.

SPECIES II.

ANTIPATHIA INSENSILIS.

INSENSILE ANTIPATHY.

THE ANTIPATHY PRODUCED THROUGH AN UNKNOWN MEDIUM.

IN the preceding species the feeling of antipathy is excited through the medium of one of the external senses, to which the object of antipathy presents itself, or with which it is associated on recollection; for it is the sight, or taste, or smell, or touch, or hearing of such object, or the idea of such sensible impression, that alone calls the antipathy into action.

GEN. III.
SPEC. II.
Contrasted
with the pre-
ceding species.

There are some persons, however, that are struck with a peculiar and indescribable kind of horror at the presence of an object, which is unperceived by any of these senses, as soon as it comes within the atmosphere of some unknown influence. The presence of a cat has been often known to produce this effect, under the circumstances now adverted to; or when the animal, though present, has been concealed, and not one of the senses has been alive to its presence. Instances of this kind are to be found in most of the collections of medical curiosities, as well as in various other works†; and I have met with several decided instances in the course of my own practice. The affection, in this case, depends unquestionably upon an extraordinary idiosyncrasy; but by what means such an idiosyncrasy is influenced we know not. Sauvages enquires whether the effluvium thrown from the object of aversion into the atmosphere may not, in combining with the fluids of the affected person, produce an irritating and distressing tertium quid, as corrosive sublimate is produced by a combination of mercury with oxymuriatic acid. The fact, at present, appears inexplicable; but it is not more singular than the wonderful power so well known to be possessed by the *viverra noctula* (common or great bat), which renders it conscious of the presence and position of objects

Illustration of
the species.

Produced in
some cases by
the presence of
a cat, though
concealed.

Examples of
this frequent
and well sup-
ported.

Disease de-
pendent on
idiosyncrasy.
How explained
by Sauvages.

*Viverra noc-
tula*, or com-
mon bat.

* Eph. Nat. Cur., Dec. I. ann. I. obs. 144., et in Schol., Dec. III. ann. III. obs. 149.

† Eph. Nat. Cur., Dec. II. ann. II. obs. 50. Borelli, cent. IV. obs. 61. Emercetanus, Diætet. Polyhistor., p. 82.

GEN. III.
SPEC. II.
Antipathia
insensilis.

Remedial
treatment.

when all its senses are muffled, and which enables it, when flying in this state, to avoid them. This extraordinary faculty, to which we adverted in the Proem to the present class, has been called a sixth sense by several naturalists.

In all these cases, whether of the preceding or of the present species, the only means in our power of destroying the anomalous or morbid impression is by introducing a counter-habit; or, in other words, by gradually inuring the sensorium to the influence of the disgusting object. By being familiarised with what at first we most shrunk from, our courage becomes hardened, and the painful impression blunted; and sights, and sounds, and smells, and the most imminent dangers, that could not at one time be encountered, or even contemplated, without fainting, in process of time no more affect us, than the roar of cannon affects the war-horse, or the mountain-tempest the mariner.

GENUS IV.

CEPHALÆA.

HEADACH.

ACHING PAIN IN THE HEAD; INTOLERANCE OF LIGHT AND SOUND; DIFFICULTY OF BENDING THE MIND TO MENTAL OPERATIONS.

GEN. IV.
Origin of the
generic term.
Synonyms.

CEPHALÆA (κεφαλαία, from κεφαλῇ, "caput") is employed by Galen, chiefly in the sense of chronic headach; whence the term *cephalalgia* has been invented in later times to express affections of shorter duration. Headachs of all kinds, however, form a natural group, and should be described under a common genus, which is here named after the oldest and most authorised term. Sauvages has particularly remarked the symptom of disability of the mental powers in the first species we are about to notice, and the remark may be applied to all the others: "difficultas cogitandi, distinctè ratiocinandi, reminiscendi." The species which may be enumerated under this genus, are the following:—

- | | |
|----------------------|--------------------|
| 1. CEPHALÆA GRAVANS. | STUPID HEADACH. |
| 2. ————— INTENSA. | CHRONIC HEADACH. |
| 3. ————— HEMICRANIA. | MEGRIM. |
| 4. ————— PULSATILIS. | THROBBING HEADACH. |
| 5. ————— NAUSEOSA. | SICK HEADACH. |

SPECIES I.

CEPHALÆA GRAVANS.

STUPID HEADACH.

PAIN OBTUSE; WITH A SENSE OF HEAVINESS EXTENDING OVER THE WHOLE HEAD; SOMETIMES INTERMITTENT.

THE remote causes of headach are so numerous and so complicated, that it is difficult to catch or arrange them; and many of them are so completely concealed from view, by a confinement to the brain itself, that we vainly endeavour to discover and analyse them. Repelled discharges from the hemorrhoidal vessels, repelled or retarded catamenia, repelled fluids from the surface, are very frequent causes of one or other of the species of cephalæa now enumerated. Whatever retards the current of the blood in the sinuses of the brain, or the veins which convey the blood from the head, will produce it. Of this kind are various tumours, particularly of the conglobate glands, polypi, exostoses, or bony fragments separated by some violence from the internal table of the skull, not producing irritation, perhaps, till the accident that gave rise to them has long passed by and been forgotten. Hence some part of the brain has often, on dissection, been found diseased in its structure, producing, occasionally, an abscess with a considerable lodgment of pus. And, in some cases, the disease has been cured by the pus making its way through the frontal sinuses*, or through the ears†, and escaping externally. It has, in every age, been produced by a decayed tooth, and has ceased on its removal: a profusion of hair on the head has been also an occasional cause, in which case it has yielded to shaving or merely thinning the hair. It has often followed a neglected catarrh or neglected rheumatism, and still oftener has resulted from some morbid irritation of the stomach, and especially from worms.‡ So again, whatever prevents a free evacuation of the right auricle and ventricle of the heart, and contributes to retard the motion of the blood in the veins which discharge their contents on this side of the heart, has a tendency to lay a foundation for this complaint.

Under these circumstances, nothing is more difficult than to determine, in many instances, whether a headach of any kind be an idiopathic or a symptomatic affection, and on this account Dr. Cullen, deviating from the general opinion of the nosologists who preceded him, has regarded it as a symptom in every instance. This, however, is to suppose, that the encephalon, which, from its magnitude and complexity, seems to open a theatre for more

GEN. IV.
SPEC. I.

Remote causes of headach generally.

Repelled discharges and other fluids.

Obstructions within the cranium.

Decayed teeth.

Profusion of hair.

Neglected catarrh.

Acrimony in the stomach.

Obstructions in the heart.

Difficult often to distinguish between an idiopathic and a symptomatic headach: and hence regarded by Cullen as always symptomatic.

* Nicolai, Decad. Observationum Illustr. Anat. Schrader, Observ. Anat. Med. Lentilius. Miscel. 1. 599.

† Gockell, Gallicin. Med. Pract. Trecourt, Mém. et Observ. de Chirurgie, No. 5.

‡ Walther, Thes. obs. 17. Blumenbach, Med. Bibl., b. ii. p. 494.

GEN. IV.

SPEC. I.

Cephalæa
gravans.Pathology of
the present
species.

Diagnostics.

In certain
cases whence
derived,and how best
relieved.In other cases
whence de-
rived.General re-
medial process.

intrinsic disquietudes than all other organs whatever, is exempted beyond any of them.

The species immediately before us, emphatically distinguished by the name of STUPID HEADACH, seems, when idiopathic, to be strictly a nervous affection of the organ, originating from nervous debility or exhaustion; or, in other words, from the want of a proper supply of that kind of sensorial energy on which the organic feeling of comfort and refreshment depends. It is hence peculiarly marked by a general disquiet and confusion, rather than by acute pain; by a general lictitude of sensorial power, which disqualifies the person labouring under it for a continuance of mental labour; and in which the sight is dim, and the hearing dull, and the memory vacant. On which account it is frequently experienced by hard students, who have sat up through the whole of the night in pursuit of some abstruse and difficult subject, or who have laboured upon the same from week to week, with too small an allowance of time for sleep or exercise: in all which cases it is often relieved by surrounding the temples with a bandage steeped in cold water, which acts as a tonic upon the spent and enfeebled brain, and once more excites it to a little temporary energy. A sudden blow of severe grief often produces the same kind of exhaustion, and is accompanied with the same symptoms, during which the sufferer is equally incapable of thinking, sleeping, or attending to external objects.

A similar effect is produced by whatever else has a tendency to induce debility and torpitude in the nervous structure of the brain, as a profuse diarrhœa, repeated and immoderate venesections, and particularly any sudden faintness, or debility of the stomach. The last acts, indeed, in a double way; directly, as withholding the means of sensorial recruit; and, indirectly, from the close sympathy that, on all occasions, exists between the two organs. And hence, wherever we meet with *cephalæa gravans* as a sympathetic affection, and are doubtful to what particular organ to ascribe it, we shall, in most cases, find the stomach affected, and may venture so treat it accordingly.

As much as the remedial process, however, which may be serviceable in any one of the species of headach before us, may be useful in the rest, it will be most expedient to reserve this subject for the close of the entire genus.

SPECIES II.

CEPHALÆA INTENSA.

CHRONIC HEADACH.

PAIN VEHEMENT, WITH A SENSE OF TENSION OVER THE WHOLE HEAD: PERIODIC; OFTEN CHRONIC.

GEN. IV.

SPEC. II.

Often from in-
ternal causes,

THIS species is, perhaps, always dependent upon some local irritation; and may be produced by many, probably most, of the irritants noticed at the opening of the preceding species: and as

not a few of these have a scat in the brain itself, and must remain concealed till disclosed to us by dissection, and would be still beyond our reach if we could ascertain them from the first attack, there is no difficulty in conceiving why this form of headach should often defy all medical aid whatever, and run parallel with life itself.

Among the external causes, those productive of rheumatism are, perhaps, the most frequent, as exposing the feet for a long time to cold and damp, or lying in a damp bed with a small quantity of covering. And as all rheumatic affections, when they become chronic, have a tendency to intermit, and return periodically, we may easily see why the disease before us should do so in many instances.

The species may therefore be distinguished by its being rather limited to some particular part of the head than extending over the whole organ; by its remissions or intermissions; by the acuteness of the pain during the return of the paroxysm; by an intolerance of all motion of the head, far more than of light or sound, both of which, however, are sometimes highly irksome; and by a peculiar feeling of tenseness or constriction over the encephalon, as though its membranes were muscled, and spasmodically contracted.

This last symptom rarely takes place till the disease has established itself for some time, and seems to indicate a thickening of one or more of the tunics of the brain from increased action, produced by a long course of irritation; a result which has frequently been discovered on dissection. Where the affection is entirely rheumatic, the local pain in the head ceases as soon as a rheumatic pain takes place in any other part of the body. There is, indeed, no great difficulty in accounting for a cessation of pain in this case, upon the principle of a transfer of action. But we find it cease also, or very much remit, not unfrequently in other cases, in which post-obit examinations have proved the disease to be dependent on local irritation, as some bony protuberance from the interior of the skull, ossification, or calcareous concretions in some part of the substance of the brain, a tumour in the pineal gland, or some other portion of the cerebral mass, or an aneurism of the carotid artery; the two last of which are particularly described by Sir Gilbert Blane, as having been detected, after death, in persons who had been long and severely troubled with this modification of cephalæa. To account for the intervals of ease experienced, as in the foregoing instances, while the cause of irritation is permanent and perpetually acting, we must call to our recollection, that most organs, when they have been long exposed to a more than ordinary stimulus, become gradually exhausted and blunted in their sensibility in consequence of such exposure. And hence the pain they are occasionally sensible of, and which returns in irregular paroxysms, is produced by fresh causes of excitement, periodical or incidental, or a serious aggravation of the disease itself.

In a few instances, an obstructing material, forming the exciting cause, appears to have been carried off, and, in one or two very rare cases, by channels whose communication it is peculiarly difficult to account for. A caries, or some other disease, affecting a small part of the bony substance of one of the sutures, is a cause

GEN. IV.
SPEC. II.

Cephalæa
intensa.

and defies all
medical aid,
and why.

External
causes.

Present species
how distin-
guishable from
others.

Other distinc-
tive symptoms.

Intervals of
ease in cases
produced by in-
ternal causes
accounted for.

The obstruc-
tion sometimes
very singularly
carried off.

Caries or other
structural af-

GEN. IV.
SPEC. II.
Cephalæa
intensa.
fection of the
sutures.
Medical treat-
ment.

noticed by many pathologists; and this cause has, in some instances, been so obvious, that while the patient has been able to point out the precise spot of pain with his finger, the practitioner has been able to discover a considerable indentation or vacuity, proving that a part of the suture had been absorbed or detached.* A case of this kind is related by Mr. Henry of Manchester.†

For the few remarks we shall have to make under the head of medical treatment, it will be most convenient, as already observed under the preceding species, to refer to the close of the genus, in order that the plan, proper to be pursued under one species, may be compared with that under another. At present it is only necessary to add further, that the irritating causes of chronic headach we have thus noticed, excite occasionally other symptoms than acute pain, and particularly clonic agitations of the muscular fibres adjoining the seat of pain, not unlike those of neuralgia and severe and irremediable hemiplegia.

SPECIES III.

CEPHALÆA HEMICRANIA.

MEGRIM.

PAIN VEHEMENT: CONFINED TO THE FOREHEAD, OR ONE SIDE
OF THE HEAD: OFTEN PERIODICAL.

GEN. IV.
SPEC. III.
Chiefly seated
in the integu-
ments.
Symptoms.

THIS is, in most cases, a disease of far less importance than the preceding. Its seat seems to be chiefly in the integuments of the head, and its principal symptoms are tenderness on pressure, an obscure redness of the skin, and a suffusion of the eyes. And with these there is frequently a nauseating uneasiness at the stomach, but whether as a cause or a consequence of hemicrania, it is not easy to determine; it is most probable, indeed, that in some instances it is the one, and in others the other.

Predisponents.

The disease is most common to persons of delicate health, or relaxed habits, and an irritable temperament, and particularly when subject to dyspepsy and hypochondriacism. In such persons, all the causes of catarrh and rheumatism are sufficient for its production, as is any thing that disturbs the balance of the circulation. And hence it is often a result of cold feet, or the chill that follows a dinner not comfortably digested.

Often period-
ical.

Hemicrania frequently assumes a periodical character, in which case, the pain mostly fixes itself on the same side or the same part of the head, in some cases being limited to a small disk of the integuments, with little affection of the encephalon, and in others striking deeply into the interior of the head, and down towards the eye, which cannot endure the least glimmer of light. In many instances, its intermissions are perfectly regular, and the

Periods some-
times perfectly
regular: more

* Bonet, Sepulchr., lib. i. sect. i. obs. 92. Morgagni, De Sed. et Caus. Morb., epist. iii. art. 8. Stalpart van der Weil, cent. i. N. 1.

† Mem. Med. Soc. of Lond., vol. i.

paroxysm returns daily at the hour of noon*; but more commonly its attacks are produced by some incidental excitement, and are consequently of uncertain recurrence. Yet it is more frequently found in the afternoon, than in the morning. So far as I have observed, indeed, it usually takes place in the evening, during, or soon after, the digestion of the dinner, and in persons of the middle age of life who live temperately. In one instance, in which the disease is still very obstinate, it returns at this hour after an interval of two or three weeks, continues through the whole of the night and the ensuing day, and subsides towards the evening; the paroxysm thus lasting about twenty-four hours. In a very active and otherwise healthy man, however, about thirty years of age, who has no apparent disorder of the stomach or bowels, it commences uniformly before breakfast, continues with great violence about six hours, and then subsides, leaving intervals of about six weeks or a month.

GEN. IV.
SPEC. III.
Cephalæa
hemisrania.
commonly of
uncertain re-
currence.
Yet more fre-
quent in the
afternoon than
the morning.
Illustrated.
Occasionally
take place in
the morning.

SPECIES IV.

[CEPHALÆA PULSATILIS.

THROBBING HEADACH.

PAIN PULSATORY, CHIEFLY AT THE TEMPLES; OFTEN WITH SLEEPLESSNESS, AND A SENSE OF DRUMMING IN THE EARS.

IN discussing the genus PALPITATION (CLONUS PALPITATIO) we entered into an explanation of the very curious phenomenon of the throbbing or beating of the heart, or of a particular artery, or part of an artery, which frequently takes place without any connection with the regular systole of the circulation, often, indeed, discordantly with it both in time and force: and we endeavoured to show that these anomalies, for the most part, depend upon a peculiarly nervous irritability, and spastic tendency of the muscular fibres of the arterial fabric, sometimes limited to the artery, or portion of an artery, in which the palpitation occurs, and sometimes common to the whole arterial system.

GEN. IV.
SPEC. IV.
Pathology.

Whenever any of the preceding species of the present genus are grafted upon a constitution of this kind, or at least upon an idiosyncrasy in which one or both the temporal arteries are possessed of this spastic tendency, and are consequently disposed to run into this anomalous contraction and relaxation, we shall have an instance of the species before us, which commonly originates in this manner. The consequence of which is, that a regular arterial stroke, as though influenced by the systole and diastole of the heart, is often feigned, which has no existence: and a pulsation is produced, which is in no respect synchronous with the movements of the heart, and is often half as rapid again. It occurs, not unfrequently, however, that the morbid beat is in perfect accordance with that of the heart; but it is not less a

Origin.

Pulsation often
inaccordant
with that of
the heart.
Sometimes ac-
cordant, but
still a diseased
action.

* Schenck, libr. obs. 78, 79. Zecchii, Consult. Med., 90. 98. Franc. 1650.

GEN. IV.
SPEC. IV.
Cephalæa
pulsatilis.

spasmodic action on this account, for, in the discussion already adverted to, as well as in the Proem to the third Class, we have observed that the arteries, when in a state of health, suffer no alteration in their diameter during the passage of the blood through them, and that their ordinary pulsation is only produced by the pressure of the finger or of some other hard substance against their sides.*

Disease more
complicated
than any of the
rest.

The species of headach before us, therefore, is to be regarded as something of a more compound kind than the rest, in consequence of the peculiarity of the constitution in which it occurs; with the exception of which, its causes and history, and, as we shall presently show, mode of treatment, do not essentially differ.

SPECIES V.

CEPHALÆA NAUSEOSA.

SICK HEADACH.

GEN. IV.
SPEC. V.
Spasmodic
headach of
Fothergill.
Pathology.

THIS is the spasmodic affection of Dr. Fothergill, who has described it at great length and with much accuracy. As the last species consists of almost any of the preceding, set down upon a constitution peculiarly predisposed to irregularity of arterial action, the present consists of the same set down upon a constitution peculiarly predisposed to irregular action of the intestinal canal. In its general symptoms, however, it is chiefly related to the stupid headach and the hemicrania, particularly to the last; only that, while proper hemicrania most frequently makes its attack in the afternoon, sick headach usually shows itself in the morning; though the latter, like the former, occasionally varies its hour, as it does also its length of intermission.

Description.
Seat of pain
variable.

The patient, observes Dr. Fothergill †, commonly awakes early in the morning with a headach that rarely affects the whole head, but only some particular part of it, most frequently the forehead, extending over one or both eyes. Sometimes it is fixed about the upper part of the parietal bone of one side only, sometimes

* If the doctrine, inculcated by the author and some other eminent medical writers, were unequivocally correct, that an artery can really both dilate and contract itself in an extraordinary degree, and this sometimes without any accordance to the action of the heart, all the doubt entertained by some distinguished physiologists in relation to the muscularity, not only of the small but of the large arteries, would be removed. That the arteries can undergo a dilatation is certain, for the change is visible in various circumstances, and particularly in inflammation. But Mr. Hunter, Dr. Thomson, and others, could never discern in this state any movements consisting of an alternate dilatation and contraction. At all events, if a power of alternate relaxation and constriction exist in any arteries, there is reason to believe that it is restricted to the capillaries, the state of which is not particularly a question in the consideration of the present disorder. The editor has seen the carotids in several instances affected with extraordinary pulsation; but this accorded in time to that of the heart, and the greater determination of blood into them might have depended simply upon an increase of their diameter.

† Fothergill's Works, p. 597. 4to. Medical Observ. and Inquir., vol. vi. p. 103.

the occiput is the part affected; or it darts from one place to another, and equally varies during its continuance in its degree of intensity. There is some degree of sickness usually connected with it, mostly limited to nausea, but occasionally amounting to vomiting. If the pain commence in the morning before any meal is taken, phlegm only is thrown up, unless the straining be severe, in which case bile is intermixed with it. After this the pain soon begins to abate, leaving a soreness about the head, a squamishness at the stomach, and a general uneasiness which induces the patient to wish for repose. Perhaps, after a short sleep, he recovers perfectly, only a little weakened by his sufferings. The duration of this species of headach differs, however, in different persons: in some it subsides in two or three hours; in others it extends to twenty-four hours or longer, and with a violence scarcely to be endured, the smallest light or noise rendering the pain intolerable. In young persons the paroxysm goes off soon; but after the disease has been a companion for years, it is of longer duration, and the system becomes extremely debilitated. Its returns are very irregular: some persons suffer from it every two or three days, some every two or three weeks, and others have still longer intervals. Those who use but little exercise, and are inattentive to their diet, are afflicted most severely: costiveness, when habitual, is a frequent predisposing cause; and hence a protracted laxity of the bowels, supervening on habitual constipation, has removed the complaint altogether.

Dr. P. Warren, in a very valuable paper on this subject, seems to think that a line of distinction may be drawn between the disease as produced by a morbid state of the stomach, and of the collatitious viscera, or, in other words, as it makes an approach to the first or to the third species before us. "Upon the whole," says Dr. Warren, "that form of headach which is attended more with confusion than pain, and in which there is a temporary dimness of sight, appears to depend chiefly upon a defective action or secretion of the STOMACH; the other (that in which the pain is acute, or exceeds the confusion), which is the most prevalent form, more particularly upon inactivity of the upper bowels, from whatever cause it may be produced, and an imperfection of that part of digestion in which the bile is concerned." *

The connexion between all these species of headach is so close, and several of them are so apt to run into the others, that the author has reserved the few remarks he will have to make upon the remedial treatment till the whole have, as now, passed under review, and have furnished us with an opportunity of concluding how far any thing like a common plan of treatment may be advantageous, and upon what points it ought to vary.

A very slight recurrence to the preceding history will show us, that the chief causes of headach are local irritations, suddenly checked perspiration, or exposure to cold and damp; a peculiar irritability of the nervous system, and particularly a spastic idiosyncrasy of the temporal arteries, and a morbid condition of the chylopoetic viscera.

GEN. IV.
SPEC. V.
Cephalæa
nauseosa.

Duration of the
pain variable.

Returns often
irregular.

How distin-
guished from
the first species.

General mode
of treatment.

Leading signs
and principles.

* On Headachs which arise from a defective Action of the Digestive Organs. Med. Trans., iv. art. XVIII.

GEN. IV.

SPEC. V.

Cephalæa

nauseosa.

Treatment.

A diseased action of the stomach most commonly implicated, and requiring attention.

Hence emetics so often serviceable, with an anodyne afterwards: as also the advantage of aperients.

Piles occasionally remedial.

When of a rheumatic character, how to be managed.

Treatment of pulsatory headach, and hemicrania.

Prussic acid:

with iron.

Thinning the hair sometimes useful: but if used indiscriminately, may produce mischief.

Exemplified.

The last is, perhaps, the most common cause; and hence, whenever there is any doubt as to the specific character of the disease, we can never do better, than treat it as chiefly appertaining to the fifth species, and implicated with a diseased action of the stomach or its collatitious organs.

It is on this account that emetics, with an anodyne given afterwards, have been so generally found serviceable, and have often effected a cure in a few hours. And hence also the great advantage of keeping the bowels not only free from costiveness, but with some kind of warm irritant, slightly, though constantly, acting upon them, of which one of the best is aloes, where there is no tendency to piles, and copaiba, or the extracts of rhubarb and colocynth, where there is. Piles, however, are not an affection to be much regarded in cephalæa, for it is probable, that they may often become a useful revellent: and Dr. Arbuthnot was so firmly of this opinion, that he was in the constant habit of employing suppositories of aloes, rock-salt, and honey, and asserted, that nothing relieves the head so much as piles.

When the disease is evidently of a rheumatic character, an open state of the bowels should be combined with mild sudorifics, and, if necessary, narcotics. And hence the benefit that is so often found from adding four or five grains of antimonial powder to an aloetic pill given at night, which rarely disturbs the patient before the morning: and where this does not answer alone, or we have reason to fear, from a constitutional debility of the bowels, that the aperient may act in the night, we should unite a grain of opium with the other ingredients, or employ Dover's powder.

Such a plan will, indeed, often be found to succeed, even in the pulsatory headach or hemicrania; though here we may frequently employ such sedatives as hyoscyamus, conium, aconite, and flammula Jovis, or the antispasmodics of musk, camphor, valerian, especially its essential oil, and ammonia, with somewhat more benefit during the paroxysm; and epithems of cold salt water, or a diluted solution of acetate of ammonia, applied round the head every morning. I cannot, however, avoid thinking, that in many cases of this disease, and especially where we have a clear proof of great irritability of the nervous system, the prussic or hydrocyanic acid may be had recourse to with considerable advantage, in moderate doses of a drop or two, three times a day, in a little cinnamon water, gradually increasing the power, and uniting the acid with full doses of subcarbonate of iron, as in the case of neuralgia.

In some instances, thinning the hair, where it is profuse, has also been found serviceable, but in others it has failed; and the following remarks of the author's late valued friend, Dr. Parr, upon the subject of shaving, are well entitled to attention. "This practice," says he, "has not the sanction of long experience, nor is it supported by reason. Each hair is a vegetable, nourished by a bulbous root, supplied by numerous blood-vessels. These, though small from their number, convey no inconsiderable quantity of fluids; and, as the external and internal carotids arise from a common trunk, and anastomose in some of their branches, whatever cause increases the circulation in the former, must lessen it in the latter." He adds, that he himself was for many years a sufferer from an irregular returning paroxysm of headach, for

which he could assign no cause, but at last discovered, that it frequently returned after shaving the head: he consequently suffered his hair to grow, and from that time the disease gradually lessened in violence, in duration, and in frequency of its recurrence. "From being a complaint," says he, "highly serious, and beginning to affect the memory, its returns are now rare, and never so violent as to unfit the frame for any exertion of body or mind."

Temporary relief has also, in many cases, been obtained by the external application of volatiles and aromatics, as ammonia, camphor, oil of cajeput, and ether*; and, where the disease has been produced by cold or rheumatism, from blisters, burning moxa†, or the actual cautery‡, an issue or a seton.§ In the Transactions of Natural Curiosities is a case of ten years' duration, completely cured by the last application.|| So the use of errhines has also been found serviceable, and particularly in chronic hemicrania, by stimulating the mucous membrane of the nostrils, and exciting a considerable discharge: but as we have already observed, that taking snuff is injurious in cases of indigestion, where headach is connected with chylopoetic organs, sternutatories should be avoided.

In the interval of most of the cases, thus far adverted to, tonics, and especially the metallic, should be employed with steadiness. It is here the nitrate of silver has been found eminently useful, when every other remedy has antecedently failed; and perhaps large doses of the subcarbonate of iron, as already recommended, but without the prussic acid, may prove a valuable prophylactic. A tonic regimen, however, of exercise and early hours should combine, or little advantage will be gained by any plan. Linnéus is said to have cured himself of a severe and obstinate hemicrania, which returned at the interval of a week, and continued for twenty-four hours, by merely drinking a draught of cold water early in the morning, and then walking himself into a glowing heat.

The verticillated stimulant plants, have, in many instances, also, been found serviceable in most of the species thus far considered, whether the disease originate in the head or in the stomach; and of these the most active, as well as the most pleasant, are lavender, rosemary, and marjoram.

There is one species of headach, however, to which but little of what we have thus far recommended will in all cases apply, and that is, the second or chronic cephalæa: and, on this account, it is of great importance that we endeavour to distinguish it from the rest; or rather that we endeavour to distinguish those causes of it, under the operation of which it is necessary to pursue a different plan; for, in many instances, even here the cause of irritation may be palliated, or destroyed, by some part of the process already recommended. But we have stated, that this form of the disease is often dependent upon some structural irritation within the cavity of the skull, such as a node or toph, or caries of the interior table of the cranium, a scirrhus or other tumour in some part of the brain, or a thickening of the membranes that surround it.

GEN. IV.
SPEC. V.
Cephalæa
nauseosa.
Treatment.

External
stimulants.

Errhines ser-
viceable.

Tonics in the
intervals, espe-
cially the
metallic.

Plan pursued
by Linnéus
upon his own
person.

Verticillated
stimulant
plants.

Treatment of
chronic head-
ach should
mostly vary
from the rest:

* Rubbing the ointment of veratria on the temple, or forehead, is said to have relieved some very obstinate forms of cephalæa with surprising expedition.—ED.

† Wepfer, Observ., p. 81.

‡ Velshius, Episagm. 11.

§ Ruysch, Observ., 40.

|| Vol. ix. obs. 91.

GEN. IV.

SPEC. V.

Cephalæa
nauseosa.

Treatment.

and a more
reducent plan
to be had re-
course to.Vicarious
evacuations
often useful.Other inciden-
tal modes of
cure.Mercury as an
alterant with
warm diluents.Use of the tre-
pan how far
advisable.Effects often
salutary :but the oper-
ation frequently
of no avail.Treatment
when a second-
ary disease.

And here, in conjunction with the aperient plan, or even a brisker plan of this kind than has yet been recommended, local bleeding by cupping or leeches should be had recourse to without delay. Frece venesection, indeed, has often been of great service in diminishing the inflammatory action, and taking off the topical irritability for many weeks or even months. And hence the temporal artery has often been opened on the Continent, and with very good effect : and we may see why a vicarious hemorrhage from the nose, the mouth, the liver, or some other organ, has been followed, in various cases, by a perfect cure.* And, where some other obstruction has been the cause, it has occasionally yielded to a severe fright†, or a fortunate concussion of the brain‡, or a wound on the head.§ Hildanus refers to several inveterate cases effectually overcome by accidents of this kind. ||

Here also, if anywhere, we may possibly expect advantage from a long continued use of mercury as an alterant and absorbent, in connexion with apozems of sarsa, bardana, or some other warm diluent. In organic enlargements and obstructions in other parts of the body, such a plan has often answered, and analogy will therefore lead us to expect some benefit in the present disease. Velschius describes a case of a most obstinate cephalæa, in which it completely succeeded. ¶

But, where every other mean has failed, and the symptoms are violent, and the painful spot is clearly definable, and we have strong reason to apprehend some local organic irritation, it may become a question how far the use of the trepan has a chance of being serviceable. Vogel gives a case, in which the pain was hereby considerably mitigated**, and Baglivi another, in which a radical cure was effected.†† But, in this instance, a portion of the brain was found in a state of suppuration, and the confined pus hereby obtained a way of escape. Marchetti gives an example of a temporary cure, the headach being suspended so long as the wound was open, but returning after it was healed.‡‡ And hence, even where no structural cause of irritation has been reached, this operation has sometimes proved serviceable as a revellent. It must, however, be admitted that it has often been performed without any benefit whatever. §§

It is hardly needful to observe, that where cephalæa is evidently a secondary disease, as in plethora, chlorosis, gout, or neuralgia, our attention must be chiefly directed to the malady on which it is dependent. Where it appears as a sequel to any suppressed and habitual evacuation, or repelled eruption, the best means of obtaining relief will always be found in restoring the system to its former state ; and, where this cannot be done, we must

* Heister, Wahrnehmungen, i. p. 70. Abhandl. der Königl. Schwed. Acad. der Wissensehaft., xiii. 39.

† Reidlin, eent. ii. obs. 55.

‡ Ephem. Nat. Cur., eent. ix. obs. 6.

§ Desgranges, Journ. de Méd., tom. lxii. p. 360.

|| Cent. ii. obs. 8.

¶ Heeatost., ii. 67.

** Chirurgische und Medic. Beobachtungen, p. 410.

†† Specim. Quatuor Librorum de fibrâ motrice et morbosâ.

‡‡ Observ. 36. 38.

§§ The editor has seen two cases, in which the patients lost their lives by submitting to such treatment.

furnish the best substitute we can by some temporary irritation or drain.

As a general palliative, strong coffee has often proved serviceable; and, where its own sedative virtue is not sufficient, it forms one of the best vehicles for the administration of laudanum, in doses of eighteen or twenty drops. It diminishes, in some degree, the hypnotic power of the latter, but it counteracts its distressing secondary effects. When laudanum is intermixed with strong coffee for the cure of many modifications of headach, tranquillity and ease are produced, though there may be no sleep: when laudanum, on the contrary, is taken alone, sleep will, perhaps, follow, but is mostly succeeded by nausea and a return of the pain. Hence the Turks and Arabians make strong coffee their common vehicle for opium, from its tendency to counteract the narcotic principle of the latter.*

GEN. IV.
SPEC. V.
Cephalæa
nauseosa.
Treatment.
Coffee often
serviceable in
various species:
an excellent
vehicle for
laudanum:
often prevent-
ing nausea and
headach.

GENUS V.

DINUS.

DIZZINESS.

ILLUSORY GYRATION OF THE PERSON WHILE AT REST, OR OF OBJECTS AROUND THE PERSON, WITH HEBETUDE OF THE SENSORIAL POWERS.

THE distressing sensation of DINUS, a strictly Greek term, occurs, in different persons and different circumstances, under very different modifications, or is connected with very different symptoms. It is often united with cephalæa, and hence, by some nosologists, it is made a mere species of this last genus; but there are few practitioners who have not witnessed instances of both, that have commenced, continued, and terminated their career without any interference with each other: and hence Linnæus has not only separated them from each other, and regarded them as distinct genera, but has even made seotoma, or dizziness with blindness and a tendency to swoon, a distinct genus also.

In the author's volume of Nosology, seotoma, with two other forms of dinus, were regarded as separate species. But as, on a fuller consideration of the subject, I am induced to think, that all these diversities originate from the particular habit or temperament of the individual, or the nature of the exciting cause, it will be more correct to reduce them to a single species, and to contemplate the diversities of symptoms and sensations they produce as varieties or modifications alone: and hence, adopting the common name for this purpose, we shall denominate this species

GEN. V.

By some nosologists made a species of cephalæa; but improperly.

Best contemplated as containing only a single species.

1. DINUS VERTIGO.

VERTIGO.

* Phil. Med. and Experimental Essays. By Thomas Percival, M.D. vol. iii.

SPECIES I.

DINUS VERTIGO.

VERTIGO.

DIZZINESS, WITH A FEAR OF FALLING.

GEN. V.
SPEC. I.

Pathological
explanation
hitherto unsa-
tisfactory.

Sauvages.
Darwin.

Herz.
Crichton.

COMMON as this complaint is, I have not hitherto met with any satisfactory explanation of its cause. Sauvages*, indeed, has entered upon the subject pretty fully, as has Darwin† since his time, and Crichton‡ since the time of Darwin; while, on the Continent, it has been investigated with much patience and ingenuity by Dr. Herz of Berlin.§ For the most part, it has been ascribed to a morbid excitement, or increased action in the organ of vision, which is the view taken of it by Sauvages and Darwin, or to “a state of mental confusion arising from too rapid a succession of representations,” which is the explanation of Herz and Crichton.

That there is, in all instances, some degree of mental confusion, may, perhaps, be allowed, and that there is often too rapid a succession of representations with a morbid increase of sensorial action, may be allowed as readily: but if the following remarks be found entitled to attention, and succeed in delineating the real nature of vertigo, it will appear, that the external senses are only indirectly, if at all, the seat of the morbid action; that the energy of these is far more frequently in a state of diseased diminution, than of diseased increase; and that even a rapid succession of representations is not essential to the sensation.

New view of
the subject.

Irritative power
how commu-
nicated to the
irritable fibres.

We have had frequent occasions of showing, that the nervous power, which supplies the muscular fibres, is communicated, not strictly speaking, in a continuous tenour, but in minute and successive jets, so that the course of it is alternately broken and renewed by a series of fine and imperceptible oscillations. In a state of health and vigour, this succession of influx and pause is perfectly regular and uniform, and, hence, whatever movements result from it will partake of the same uniformity, and appear to be one continued line of action, instead of a successive series. But as soon as ever the harmonious alternation, through which the nervous power is thus supplied, is interfered with, the oscillations become manifest, the apparently uniform current is converted into a tremulous undulation, and the muscular exertion to which it gives rise, instead of being seemingly one and undivided, is sensibly multiplied into hundreds: of which any person may convince himself on observing a strong and healthy arm extended for a few minutes with a small weight at the end of the fingers, and an arm reduced in strength by a fever, or any previous labour; for, while the first

* Nosol. Method., class VIII. Vesaniæ.

† Zoonom., class IV. II. i. 10.

‡ Of Mental Derangement, vol. i. p. 324.

§ Versuch über der Schwindel. Berlin, 1791.

maintains an even and uniform line, in the second, this line is broken into perpetual tremors and undulations.

That the nervous power, which supplies the muscular fibres, is communicated in this way, there is no doubt; and, as it is highly probable, that all the different kinds of nervous fibres are fed by a like process, there can be little doubt, also, that those which maintain an intercourse between the brain and the external senses, and even those which belong to the external senses themselves, are supplied by the same kind of alternating pause and flow. And consequently that, as a perfect regularity and uniformity in this alternation is the means of conveying from the organ of vision to the sensorium one undivided perception of every single object presented to it, so, an irregularity and want of uniformity in the alternating series must confuse and complicate the perceptions, and multiply them into as many as the series of jets themselves consist of, though each perception may, perhaps, be less distinct and perfect than the single perception conveyed in the ordinary course. Thus, in looking through a window or an eye-glass, the objects that pass before us in regular order, pass singly without confusion; but, if this order be interrupted by movements we are not accustomed to, or the objects jerked about, as in a magic lantern, they make us dizzy with their motion, and we see them confusedly and in delusive numbers.

In this manner, then, it appears to me, that the increased motion, and apparently rapid succession of representations, is produced in the affection we call vertigo; which, under this explanation, is a clonic action of the nervous fibres subservient to perception, in the same manner as the rapid and tumultuous agitation of the muscles in tremor, shaking palsy, or, epilepsy, is a clonic action of the fibres subservient to voluntary motion. In the last of these affections, we find a considerable difference in the nature and intervals of the clonic movements; for these must depend upon the greater or less degree of interruption which the nervous power sustains in its flow, or upon the peculiarly relaxed or spastic state of the nervous fibres themselves, and probably, at times, upon some other cause, of which we are totally ignorant. And we have, hence, reason to expect, and do in fact perceive, an equal diversity in the clonic and illusory motions of vertigo; for the objects, or their representations presented to the perception, appear sometimes to circumsolve horizontally from right to left, or perpendicularly from above downwards, or from below upwards, or to be very whimsically changed in their form. And not unfrequently the patient himself seems to be moving as well, and commonly in a contrary direction to the apparent motion of the objects: and, as the intermediate nerves, between the other external senses and the brain, seem occasionally to coincide in the same morbid agitation, we can easily conceive how that very common modification of the disease may be produced, in which the dizziness is combined with illusory sounds, as of whispering or murmuring, the ringing of bells or beating of drums, or even the roar of cannon; for as single objects may, under the influence we are now contemplating, be prodigiously multiplied or magnified, so may single and otherwise almost imperceptible sounds; and especially where the auditory nerve is itself in a state of high morbid

GEN. V.
SPEC. I.

Dinus vertigo.

All other nervous fibres supplied in a similar way, and subject to similar disturbances in the line of communication.

From this want of uniform action in the flow of the sentient power, a confusion and complication of representations.

Hence vertigo a clonic action of the nervous fibres subservient to perception.

Principle applied to the phenomena of vertigo.

Why objects appear to circumsolve;

why the patient himself.

Whence illusory sounds, and multiplication of objects.

GEN. V.

SPEC. I.

Dinus vertigo.

Whence illus-
sory smells and
tastes.

Vertigo often
present, whe-
ther there be
light or dark-
ness; hence
not from in-
creased energy
in the irritative
motions of the
organs of vision,
as conceived
by Darwin.

Objects not al-
ways repre-
sented in rapid
succession.

Scotoma and
scotodinus,
what.

Swooning
often an effect,
and why.

Predisponent
cause of ver-
tigo, as of
clonus, nervous
debility, or ex-
haustion.

Who chiefly
subject to
these affections.

acuteness, during which we have already had occasion to remark, that the gentlest and lightest tones, even the whisperings of a mere current of air in a room, or the breathing of persons present, is intolerable, while sounds before unperceived become highly distressing.* And in like manner, by an equal irregularity in the supply of the nervous energy, subservient to the perceptions of smell and taste, we may account for similar illusions upon these faculties.

In many instances, we find the vertigo equally present, whether the patient be in the dark or light, whether the eyes be closed or open; and we have hence a full proof, that it is not dependent, as Dr. Darwin conceives, upon an increased energy in the irritative motions of the organs of vision. In some cases, the representations of objects are very numerous and rapid, but in others far less so, and particularly where the affection is severe from the first, or the patient is in a state of constitutional debility; under which circumstances we may conceive the pauses in the flow of the nervous power to be more irregular, or of longer duration, than they otherwise would be. In many cases, indeed, the only sensation is that of a buoyant undulation or swimming, without any succession of representations whatever; affording us a proof, that the rapid succession of representations, described by Dr. Herz, is not more essential to vertigo, than the increased energy of Dr. Darwin.

But as the disease advances, or, in other words, as the transmission of the nervous power becomes still more interrupted, the representations are confused, indistinct, and rapid in succession, often conjoined with a sense of dimness or darkness, existing equally whether the eyes be shut or open, forming a state by Hippocrates and the Greek writers generally called scotoma or scotodinus: and as the disease makes a further progress by a further interruption of the sensorial principle, every power of body and mind augments in languor, till at length sensation, both external and internal, fails altogether, the action of the heart and the other involuntary organs is enfeebled, and the patient swoons away.

The great predisponent cause in all these cases, whether of muscular agitation or of vertigo, is nervous debility, or exhaustion: the exciting causes are whatever has a tendency to disturb the uniformity with which the nervous power is supplied. And, hence, those persons are most subject to both kinds of affection, whose nervous system is constitutionally weak and mobile, or has become debilitated by disease or accident. Hence dyspeptic patients are peculiarly subject to both these affections; as are those who are faint from sudden and violent evacuations, want of food, or a long course of labour. Hence we meet with it as a frequent and distressing attendant upon those, who have too freely indulged in the pleasures of the table, in those of sexual intercourse, and particularly the gross gratification of self-pollution. And hence, too, we may see why it is so often an accompaniment of cephalæa, as the nervous fibres subservient to the organs of perception are here influenced from contiguous, in some cases from continuous, sympathy.

* See Paræsis aeris, Vol. III. p. 189. Cl. iv. Ord. II. Gen. II. Spec. I.

The exciting causes we have stated to be whatever has a tendency to disturb the uniformity with which the nervous power is supplied. Of these the chief are, motion or exertion to which the strength is not equal, motion to which the system has not been accustomed, or hurried motion, whether external or internal.

In a state of great weakness, whether from hunger, hard labour, hemorrhage, or a protracted fever, even the ordinary motion of gentle walking is more than the little remaining strength can support; and the man who tries it trembles in every limb, and becomes immediately vertiginous. In like manner, whatever be his degree of strength, he will feel vertiginous by exchanging the motion, to which he has been uniformly accustomed, for one of a different kind, and which he has seldom or never engaged in; and, hence, the reason of the vertigo that accompanies swinging, sailing in a ship, walking in a circle, sitting backward in a carriage, or standing on one's head; for the uniformity of the external habit has by length of time associated itself with the uniform production of the sensorial power, and the one cannot be interfered with without interfering with the other. And that this is the cause of the dizziness hereby produced is obvious, since, as soon as the old habit is overpowered by a new one, or, in other words, as soon as the man has accustomed himself to the new action, it may be persevered in without any vertiginous sensation whatever. In some persons, this sympathy of association is not so strong as in others, and hence they are not so soon affected: in infants and young children, such a kind of sympathy has rarely commenced; for while their age has not given time for it, they have had so little walking in a straight line, and been accustomed to so much swinging and tossing about in the arms, in every direction, that they are equally prepared for all; and hence can run round a circle, or even circumscribe on their feet, without any feeling of giddiness whatever.

For the same reason, hurried, tumultuous, or confused motion of any kind, whether external or internal, has a tendency to produce the same effect; for the current of the nervous supply will partake of the agitation, and dizziness be a necessary result. Hence the vertigo that accompanies intoxication, in which, from the inordinate excitement that prevails throughout the system, the regular and uniform supply of the sensorial power is quickened into a confused and disorderly rush. And hence the same effect from congestion, or compression of any kind, as also from a sudden influence of mental emotion, and particularly of the depressing passions; though, in such cases, the uniformity of the sensorial principle is interfered with by a check, instead of by a rapidity of action; and where the check is considerable, as in cases of sudden fright or apprehension, a fainting-fit is at once produced without the preceding stages.

It is to this cause, exercised indeed in a less degree, that we are to ascribe the dizziness which is felt on looking down a precipice, climbing a tall ladder, or walking over a very narrow bridge, with a roaring torrent below; for, in all these cases, we are conscious of danger, and lose our firmness in our fear. And that such is the real cause is quite obvious from the fact, that those who possess their firmness, and have no apprehension or trembling whatever,

GEN. V.

SPEC. I.

Dizziness vertigo.

Exciting causes:

chiefly of three kinds.

First kind, motion or exertion to which the strength is not equal.

Second, motion to which the system has not been accustomed.

Third kind, hurried or tumultuous motion, external or internal.

Whence vertigo on looking down a precipice or climbing a ladder.

GEN. V.

SPEC. I.

Dinus vertigo.

have no dizziness; and that we ourselves are able to endure an exposure to the same scenes and the same motion with as great a freedom from it, when habit has given us calmness, and we have no longer any apprehension. So the sleep-walker has been known to tread firmly and fearlessly over planks and precipices, the sight of which has whirled all his brains when awake.

Vertigo, then, as thus explained, consists in a clonic action of the nervous fibres subservient to the faculty of perception, and lays open to us the three following varieties:—

- | | |
|-----------------------|---|
| α Undulans. | Dizziness, with a sense of swimming or undulatory motion. |
| Swimming of the head. | |
| β Illusoria. | Dizziness, with dimness of sight, and imaginary objects before the external senses. |
| Illusory vertigo. | |
| γ Scotoma. | Dizziness, with blindness and tendency to swoon; often succeeded by headach. |
| Blind headach. | |
| Nervous fainting-fit. | |

Vertigo not generally an alarming affection.

Mode of treatment under different causes and circumstances.

Vertigo is not generally an alarming affection, but it is only to be remedied by a particular attention to its cause, and especially the predisposition of the system to a relapse.

If we have reason to suspect congestion or extravasation in the head, bleeding, and especially from the temporal artery, will often afford effectual relief. I have seen a very severe attack of vertigo cease instantly, as by magic, on opening this artery, although not more than a teacup full of blood was drawn from it. Where the stomach has been gorged, an emetic, and afterwards a purgative, will prove most effectual; where the cause, on the contrary, is debility or exhaustion, it is best relieved by cordials and a generous diet; and where it is an idiopathic affection of the nervous system, the warm antispasmodics and tonics, with a tonic regimen, will bid fairest to succeed. Such persons will derive great benefit by a change of air, of scene, and of company; by visiting the most quiet of our watering-places, cold bathing, and a cold ablution of the head, or of the whole body every morning. Here also a particular attention should be paid to the state of the bowels, as costiveness is always an exciting cause. During the paroxysm, perfect rest and a reclined position will be always found necessary; and, where there is a tendency to fainting, stimulant odours may be applied to the nostrils, and ether, ammonia, and the volatile fetids to the stomach, in draughts of cold spring water.

GENUS VI.

SYNCOPE.

SYNCOPE.

MOTION OF THE HEART AND LUNGS FEEBLE OR IMPERFECT :
DIMINISHED SENSIBILITY : INABILITY OF UTTERANCE.

SYNCOPE, from συγγίπτω, "concido," "to fell or cut down," is a neoteric rather than an antique term. It occurs, indeed, among the Greek writers, but rather in the description of battles than of diseases. I cannot find who first introduced it into the medical nomenclature. In Hippocrates, the common synonym is leipopsychia, and in Galen apopsychia: but it answers its purpose, and is, in the present day, so generally established, that there is no kind of necessity for exchanging it.

Dr. Cullen's definition of the genus is "motus cordis imminutus vel aliquamdiu quiescens." But this is by no means sufficient; for the heart has been sometimes totally void of motion without syncope, as in acrotismus, and especially in the well-known case of Mr. John Hunter, which we have noticed under that division. The leipothymia of Sauvages and other nosologists is only syncope in its first attack or mildest degree. Its character is "subitanea et brevis virium dejectio, superstite pulsûs vigore, et cognoscendi facultate." The pulse is, perhaps, always affected in some measure; but in slight cases it still retains a certain degree of power: the perception rarely fails altogether; but the voice seems to be uniformly lost.

The species in some systems of nosology are very numerous, and unnecessarily multiplied. Out of deference to high and established authorities, the author was induced, in his volume of Nosology, to offer five; but as several of these differ only in cause or some accidental symptom, they may be reduced to the two following, and the accidental differences be regarded as constituting varieties or modifications alone:—

- | | |
|---------------------|---------------|
| 1. SYNCOPE SIMPLEX. | SWOONING. |
| 2. ——— RECURRENS. | FAINTING-FIT. |

GEN. VI.
Origin of the generic term.

Leipopsychia of Hippocrates.
Apopsychia of Galen.
Cullen's definition inadequate, and why.

Leipothymia of Sauvages, what.

SPECIES I.

SYNCOPE SIMPLEX.

SWOONING.

OCCURRING SUDDENLY AND ACCIDENTALLY, AND CEASING WITHOUT ANY TENDENCY TO A RECURRENCE.

GEN. VI.

SPEC. I.

Pathological explanation to be collected in a considerable degree from that already offered under vertigo.

Additional illustration.

To maintain a regular motion in the heart the blood must flow in an equal and uniform stream.

Whence swooning in venesection as well when the blood first flows from the puncture, as when the ligature is removed.

IN vertigo, the defective or irregular action is chiefly confined to the nerves, and particularly to those of perception: in swooning it is sometimes a result of nervous exhaustion, as in cases of exquisite pain or torture, whether of body or of mind, but it more commonly originates in the sanguific or digestive organs, though the sentient participate in the affection. Vertigo, as we have already observed, occasionally terminates in swooning; and, in like manner, swooning is not unfrequently succeeded by vertigo.

To maintain the faculty of perception clear and true to the impressions that are made on the external senses, we endeavoured to show, under the preceding genus, that the motion of the nervous power, which connects it with those senses, must be equable and uniform; and, to maintain the action of the heart in a firm and regular order, it is necessary that the blood should flow into it in an equal and uniform stream: for if its volume be altered, from any cause, whether of obstruction, surcharge, or deficiency, its motion will be checked and enfeebled, the brain and respiratory organs will participate in the debility, and syncope be a frequent result. And hence we may account for the fainting that frequently takes place on the commencement, and sometimes on the close of venesection. On tying the arm for this purpose, a considerable stream of supply is cut off, and ten ounces of blood flow, in perhaps five minutes, into a basin, which would otherwise have flowed into the heart in the same period of time. The volume of blood is hence diminished, and the heart must collapse or contract itself in proportion. In many habits, this is done with great facility; but in others, and particularly where there is a feeble supply of motific or irritative power, the contraction takes place slowly and irregularly, and with a considerable degree of flutter, or, as we have already explained it, clonic spasm; and fainting or a temporary failure of sensation, is the necessary consequence; during which the alternating systole is very feeble, and the blood ceases to flow at the puncture. This effect is ordinarily ascribed to a loss of the stimulus of distension; and there may be some degree of truth in such an explanation. But that there is a something beyond this is certain, because, on removing the ligature from the arm, this stimulus is once more obtained; for the blood, instead of flowing away at the venous orifice, now takes its proper course, and flows back to the heart. Yet we see almost as often a syncope produced at this moment, and consequently by a renewal of the distension, as by an interruption of it. The fact is, that the heart, which by this time has accommodated itself to the diminished volume of the re-

turning current, has now once more to change its diameter, and to expand itself in proportion to the increased measure and momentum of the returning tide. And as a change in its diameter produced a syncope in the former case, a change in its diameter in like manner produces it in the latter.*

For the same reason, we may see swooning take place when any extensive range of blood-vessels, that have been pressed upon by any other means, suddenly acquire a power of dilatation, as when a large cavity is formed in the abdomen by the process of tapping for an ascites, or on opening an extensive abscess in any other quarter.†

But the flow of sensorial power from the brain may also be suddenly exhausted, or checked; and syncope may ensue from this source, the action of the heart being diminished, not primarily, but secondarily, or by sympathy with the state of the sensorium. In fainting, from entonic passions or emotions, as a sudden shock of vehement joy, the sensorial power is perhaps abruptly expended, as also in severe pain.‡ In fainting, under the influence of the atonic passions, as fear or heart-sick grief, this power is unquestionably checked in its regular flow, and probably checked also in its production; as we have reason to believe it is where fainting occurs from a repulsion or retrocession of gout, exanthems, or various other diseases. And to the same cause may be referred those cases of swooning, which, in some idiosyncrasies, or indispositions of body, are well known to take place on exposure to particular odours, as those of cheese, apples, or, as we have already had occasion to observe, of roses, lilies, and other fragrant plants.

Syncope then, in its simple state, as unconnected with any structural disease of the heart or its adjoining vessels, seems to appear under the following modified forms or varieties:—

- α Inanitionis.
Swooning from inanition.

The swooning produced by fatigue, long fasting, or a sudden and excessive discharge of any fluid, whether natural or morbid, accompanied with a sense of inanition, and great prostration of strength.
- β Doloris.
Swooning from acute pain.

Preceded by severe pain or irritation of body, internal, as from poisons, flatulency, or worms; or external, as from wounds or other injuries.
- γ Pathematica.
Swooning from mental emotion.

Preceded by an exercise of some sudden and overwhelming passion or emotion.
- δ Metastatica.
Swooning from metastasis.

Accompanied with a retrocession or repulsion of gout, exanthems, or other diseases.

GEN. VI.
SPEC. I.
Syncope simplex.

Whence swooning on opening large abscesses, or on tapping in dropsies.

Syncope also if there be not a regular supply of sensorial power.
Hence fainting from violent mental emotions and severe pain.

Fainting from particular odours in certain idiosyncrasies.

* The explanation here given seems very doubtful. The patient often faints about the time when the ligature is loosened, or immediately afterwards; but this is in consequence of the blood already lost. — EN.
† Meckel, Epist. ad Haller. Script., vol. iii. Eph. Nat. Cur., Dec. II. ann. v. obs. 53.
‡ Amat. Lusitan., cent. II. cur. I. Plater, observ. II. p. 431.

GEN. VI.

SPEC. I.

Syncope
simplex.

Degree and
duration of the
paroxysm, on
what depend-
ent.

Sometimes ap-
parent death,
which may be
mistaken for
real.

Exemplified.

Recovery com-
monly effected
without
medical aid,
and why.

Process of re-
covery varies.

Yet may be
aided by me-
dical means.

Remedial
process.

The degree and duration of the paroxysm depend upon the peculiarity or the violence of the cause, the extent of the sensorial exhaustion, or the nature of the constitution, and hence must greatly differ in different individuals. In some cases it ceases in a few minutes, and the patient, though incapable of speaking, retains enough of perception and sensation to be conscious of his own disorder, and to understand what is passing around him. The pressure and irritation of flatulency in dyspeptic and hypochondriacal habits are often sufficient of themselves to produce a fainting of this kind. In other cases the general feeling and understanding fail totally, and the pulse is scarcely perceptible. Occasionally, the sensorial power has been totally as well as suddenly exhausted, and the syncope has run into asphyxy, and even proved fatal.

Hence, Portal has justly remarked that "we may have apparent death from syncope as well as from asphyxy, and that, from not attending to this, we may mistake, and bury the living with the dead. I have seen," he adds, "a man who, after a violent fit of colic, remained for many hours in a state of syncope, without pulse, with the colour and coldness of death, and without any respiratory motion of the chest whatever. After some hours of such apparent death, he passed a bilious concretion, and the fainting vanished." *

When not assisted by medicine, the system recovers itself by the gradual accumulation of sensorial energy that must necessarily take place, so long as the living principle continues, during such a state of quietism; aided, unquestionably, by the continual action of the instinctive, or remedial power of nature, which is always aiming to repair what is amiss. The process of recovery, however, varies almost as much as that of sinking. Some revive almost immediately, without any inconvenience or sense of weakness whatever; while others improve slowly and almost imperceptibly, and require many hours before they fully regain their self-possession. In various cases, the head becomes clear as soon as the pulse becomes regular: while, not unfrequently, the recovery is accompanied with a confusion of ideas, vertigo, and headach.

As this disease is always attended with an irregularity in the flow of nervous power, and some degree of spasmodic action, entastie or elonie, about the heart, the best remedies we can have recourse to, during the paroxysm, are antispasmodies and stimulants; and those which are the most volatile are the most useful. Hence the advantage of admitting a free current of cold air, sprinkling cold water over the face, and pouring a little of it, if possible, down the throat. And hence, also, the advantage of holding ammonia, the strongest vinegar, or any other pungent odours, to the nostrils. A recumbent position is always advisable, as most favourable to an equable circulation of the blood; and irritating and warming the extremities by the friction of the hand, or the application of rubefacients, will commonly be found to expedite the recovery, upon the principle we often had occasion to advert to, that, in a chain of organs united by sympathy or continuity, an impression, produced on the one extremity, is sure

* Mémoires sur la Nature et le Traitement de plusieurs Maladies, tom. iv. 8vo. Paris, 1819.

to operate on the other. As soon as the patient is capable of swallowing, some spirituous cordial, a glass of wine, brandy and water, fetid tincture, or the aromatic spirit of ammonia or of ether, should be administered; and the occasional cause should be sedulously avoided in future.

GEN. VI.
SPEC. I.
Syncope
simplex.

SPECIES II.

SYNCOPE RECURRENS.

FAINTING-FIT.

RECURRING AT PERIODS MORE OR LESS REGULAR; OCCASIONAL PALPITATION OF THE HEART DURING THE INTERVALS; AND UNQUIET RESPIRATION DURING THE PAROXYSM.

THIS is, in most cases, a far more serious form of syncope than the preceding, and is commonly ascribed to some structural disease of the heart or the large arteries that immediately issue from it, as an ossification of the valves, polypous concretions, an enlargement or thickening of the substance of the heart, an accumulation of water in the pericardium, or an aneurism.

Each of these may possibly be a cause in some instance or other; and where, during the paroxysm, the breathing, though feeble, is anxious and obstructed, the face livid, and the patient in the midst of the swoon shows a tendency to jactitation, or an uneasiness on one side or on the other; and, more especially still, where no ordinary exciting cause can be assigned, and it has commonly followed some unusual exertion, or hurry of the blood through the lungs, it would be imprudent not to suspect such mischief.

But there are causes of a different and much slighter kind, that I cannot avoid believing frequently operate in the production of recurrent syncope, and that, too, with many of the peculiar symptoms just enumerated. And I now allude to any of the ordinary causes of syncope, as set down under the first species, or any other incidental irritation whatever, occurring in a constitution of great mobility and excitability, or where the heart alone, or in conjunction with the whole arterial system, is peculiarly disposed to that irregular and clonic action, which we have noticed under the species PALPITATION, and particularly under the first and second varieties.

In such a frame of body, any sudden alarm, a longer abstinence than usual, a fuller dinner than common, unwonted exercise, and a thousand minute excitements of daily occurrence, will often succeed in producing a fainting-fit; and especially where a morbid habit of recurrence has been once established, and there is a predisposition to return. Atonic plethora is another frequent cause in the peculiar constitution we are now considering, and a cause far too liable itself to establish a circle of recurrence, and consequently to give recurrence to the form of syncope before us. There is a

GEN. VI.
SPEC. II.

Commonly a more serious form of disease than the last, as usually dependent upon some structural misaffection of the heart or larger arteries.

But not always so: many cases being from slighter causes.

How such causes operate.

Periodical swoonings.

GEN. VI.
SPEC. II.
Syncope
recurrens.

singular example of periodic swooning in the Ephemera of Natural Curiosities *, which seems to have been dependent upon this state of body ; and another example, in which it was evidently produced by a return of the term of menstruation, and became its regular harbinger. †

Patient's
idiosyncrasy to
be studied.

In all cases of this kind, therefore, it is of the utmost importance to study minutely the character of the patient's idiosyncrasy and habit, and not to excite any alarm concerning organic mischief, and thus add another excitement to those which already exist, while there is a probability, that the affection may be owing to one or other of these lighter and more manageable causes.

Remedial
treatment.

In the latter case, tonics, cold bathing, equitation, regular hours, and light meals, will form the best prescription. Where we are compelled to suspect some organic impediment, or other mischief about the heart, small bleedings, that may anticipate the usual time of the return, camphor, nitre, hyoscyamus, and whatever other sedative may be found best to agree with the patient and diminish the rapidity of the circulation, will form the most rational medical plan we can devise ; while tranquillity of body and mind, an abstinence from all stimulant foods, and a regular attention to the state of the bowels, should form a standard rule for the whole tenour of his life.

GENUS VII.

SYSPASIA.

COMATOSE SPASM.

CLONIC SPASM ; DIMINISHED SENSIBILITY ; INABILITY OF UTTERANCE.

GEN. VII.
Origin of the
generic term.

SYSPASIA, or SYSPASIS, from *συσπῶ*, "contraho, convello," literally imports convulsion, in the popular sense of the term, or, in other words, clonus or agitative spasm, in combination with a greater or less degree of failure of the sensation and the understanding. The term seems wanted as a generic name for the three following diseases, whose symptoms, and, for the most part, mode of treatment, are so accordant, as to establish the propriety of linking them under a common division : —

- | | |
|------------------------|-------------|
| 1. SYSPASIA CONVULSIO. | CONVULSION. |
| 2. ——— HYSTERIA. | HYSTERICUS. |
| 3. ——— EPILEPSIA. | EPILEPSY. |

Outline of the
pathology
given under
clonus.

The author has entered so fully into the nature and principle of clonic or agitative spasm under the genus CLONUS, that a very few remarks will be necessary in explaining the pathology of these

* Dec. II. ann. I. obs. 10.

† Id., Dec. II. ann. V. obs. 53.

three species. They are all of them clonic spasms, as expressed in the definition, but complicated with other morbid affections, and particularly with those of the two preceding genera: for, if we combine clonic or syncronic spasm with different modifications of vertigo or syncope, we shall produce the three species now before us.

In explaining the nature of clonic spasm, we noticed the tendency there frequently exists, when the uniformity of the flow of the sensorial power is once interfered with, to alternations of a hurried and excessive, as well as of a restrained and deficient supply, and consequently to an intermixture of constrictive or entastic spasm with clonic or agitative, of which palpitation, and various other affections of this kind, afford perspicuous examples. In the diseases immediately before us, the proofs of such an intermixture are still more striking; for there is not one of them but evinces an union of both descriptions of spasmodic action, in a high, though not an equal, degree of vehemence. In convulsion-fit the two kinds of spasm are nearly upon a balance, commonly with a retention of some share of both sentient and percipient power. In hysteria, the spastic or entastic action, in its sudden and transient irruptions, is more violent than the clonic; the force exercised at this time is enormous, and there is also, in many cases, a small retention of sensation and understanding. In epilepsy, the clonic action is most conspicuous, and the failure of the mental and sentient faculties generally complete.

Of the essence of the nervous power, we have repeatedly stated that we know nothing; for we can trace it only by its effects: but we are compelled to conceive it to be formed by some particular organ within the animal system, which organ there can be no difficulty in contemplating as the brain singly, or the brain and nerves jointly, which constitute only different parts of one common apparatus. Admitting this, the nervous power may be produced in excess or in deficiency, or be imperfectly elaborated, and, however produced, it may be irregularly transmitted, as well by precipitation as by interruption. The means by which these diseased actions take place, we have already touched upon; and have shown, that the common causes are sometimes mental, sometimes mechanical, sometimes sympathetic, and sometimes chemical, as narcotics and other poisons, and repelled eruptions.

Now it is in persons of relaxed or debilitated fibres, that we find these exciting causes chiefly operative. For in those of high health, full vessels, and a firm constitution, however the circulation may be accelerated, or the nervous power excited, it is rarely that we meet with clonic spasms, or, indeed, spasms of any kind: or, at least, we meet with a far less tendency to such abnormalities, than in persons of lax and debilitated fibres, possessing, necessarily, more mobility, or facility of being put into new actions, from the very quality of debility itself.

The common predisponent, then, is weakness, particularly of the nervous system; and the common excitement, irritation. The peculiar effect must, however, be modified by the idiosyncrasy or peculiarity of the constitution, or of collateral circumstances, by which it may be influenced at the time. And hence the very exciting cause that in one individual may produce hysteria, in another

GEN. VII.
Syspasia.

Distinctive character of the species that appertain to the genus.

Pathological principles already advanced applied to the present genus.

Nervous power, how far we are acquainted with it.

Producible in excess and in deficiency; by mental, mechanical, sympathetic, and chemical causes.

These causes, where chiefly operative.

Hence the common predisposition, weakness, especially of the nervous system: but the

GEN. VII.
Sypspasia.

peculiar effects
modified by
other circum-
stances, and
hence the dif-
ferent species
before us in
different indi-
viduals.

Idiosyncrasy
rarely within
medical con-
trol: but not
so the col-
lateral circum-
stances.

Over-distended
vessels a com-
mon cause of
weakness,
whence ple-
thora a frequent
occasional
cause; and
may lead, un-
der different
circumstances,
to a fit of
hysterics; or
of epilepsy;
or of convul-
sion.

Why plethora
in robust per-
sons less fre-
quently pro-
duces these
effects.

Plethora in one
sense a mechan-
ical stimulus.

More direct
mechanical
stimulants.

Mental causes.

Why, in irrit-
able and mo-
bile habits, the

may produce epilepsy, and in a third the more fugitive and less impressive attack of sypspasia, as convulsion.*

The nature of the idiosyncrasy, or, more particularly, of the individual constitution, is rarely within our control; but the collateral circumstances are often before us: they constitute the occasional cause of the disease, and should form a prominent point in our attention to its progress.

There are, perhaps, few more common causes of weakness than over-distended vessels; and hence plethora is a frequent occasional cause of each of the diseases belonging to the genus before us, the species actually produced depending, as just observed, upon the influence of other circumstances. Thus, if such plethora take place in a young woman of eighteen or nineteen, whose menstrual flux has been accidentally suppressed or retarded, it is most probable, if an irregularity in the nervous system be hereby excited, that such an irregularity will lead to a fit of hysterics, rather than to one of convulsion or epilepsy, since we shall find, as we proceed, that this species of spasm is peculiarly connected with an irritable and especially an orgasmic state of the genital organs.

On the contrary, if the plethora produce chiefly a distension of the vessels of the brain, epilepsy is more likely to be the result; in other words, that form of spasmodic action, in which the sensation and the intellect suffer more severely than in either of the others. While, if the plethora be general, we have reason to expect, that the spasmodic effect will be general also, or, in other words, take the form of convulsion in which no single organ is tried more than another. Yet plethora, in a firm and vigorous frame, is seldom found to produce either of these affections, for the resistance of the coats of the blood-vessels is here sufficient to counterbalance the impetus of the sanguineous fluid, and, consequently, to prevent an over-distension. And hence, again, we see in what manner debility becomes a remote or predisponent cause of the diseases under our consideration.

Plethora, thus acting by over-distension, may be regarded as a mechanical stimulus, upon the removal of which, as upon the removal of other mechanical stimuli, the disease will cease. Venesection is the most direct means of such removal; but it labours under the inconvenience of being only a temporary remedy. It takes off the occasional cause; but, by adding to the general debility, it gives strength to the predisposing cause.

The more direct mechanical stimulants are sharp-pointed ossifications formed in the membranes of the brain, or arising from the internal surface of the cranium; splinters of a fractured cranium, or the introduction of some wounding instrument. The occasional causes resulting from mental emotions, we have already been called to notice more than once; as also to show that, while some of these appear to act by instantaneously exhausting the sensorial organ of its living principle, others operate by giving a check to the production of the sensorial power. These modes of action are indeed opposite, but the result, which is a depletion of the nervous apparatus, is the same. And as, in weakly or relaxed habits, there is in every organ a greater mobility, or facility of passing from one

* Pritchard on Nervous Diseases, p. 139.

state of action to another, than in the firm and robust, we see also why the former should be not only more subject to spasmodic actions from mental emotion, but to sudden changes of mental emotion, and, consequently, to caprice and fickleness of temper.

GEN. VII.
Sypspasia.
temper as fickle
as the fibres.

SPECIES I.

SYSPASIA CONVULSIO.

CONVULSION.

MUSCULAR AGITATION VIOLENT; TEETH GNASHING; HANDS
FORCIBLY CLENCHED: TRANSIENT.

IN defining CONVULSION, most of the nosologists represent the faculties of the mind and the external senses as still sound and unaffected. Sauvages says, “superstite in paroxysmis animæ functionem exercitio.” Vogel distinguishes it, “cum integritate sensuum.” Dr. Cullen is more exact than either of these. His words are, “musculorum contractio clonica abnormis, *citra soporem*,” “an irregular clonic contraction of the muscles, bordering on but short of lethargy.” The influence of the disease on the sensation and perception varies considerably in different cases, but, so far as I have seen, the sensibility is always in some degree diminished, and I have hence ventured to introduce this feature into the generic definition as a pathognomonic symptom.

GEN. VII.
SPEC. I.

Synonyms.
Whether perception exists during the paroxysm.

There are also some other differences that occur in the character of the disease in its different attacks, and which have been laid hold of as the groundwork of very numerous subdivisions by many nosologists. For these differences we cannot always account: but in general they will be found to depend upon the idiosyncrasy, habit, or stage of life in which the disease makes its appearance, and to give rise to the following varieties:—

- | | |
|---|--|
| α Erratica.
Migratory convulsion. | The convulsion shifting irregularly from one part to another. |
| β Universalis.
General convulsion. | The convulsion attacking every part simultaneously; occasionally protracted in its stay. |
| γ Recurrens.
Recurrent convulsion. | The convulsive paroxysm returning after intervals more or less regular. |
| δ Ejulans.
Shrieking convulsion. | The convulsion accompanied with shrieks or yells, but without pain. |
| ε Puerperalis.
Puerperal convulsion. | Occurring during pregnancy or labour, usually with coma, and stertorous breathing. |
| ζ Infantilis.
Infantile convulsion. | Occurring during infancy; preceded by twitchings or startings, and accompanied with a blueness about the eyes and upper lip. |

GEN. VII.

SPEC. I.

Sypasia
convulsio.

α S. Convulsio
erratica.

β S. Convulsio
universalis.

γ S. Convulsio
recurrens.

Hieronosus, or
morbus sacer.

δ S. Convulsio
ejulans.

ε S. Convulsio
puerperalis.

ζ S. Convulsio
infantilis.

In the FIRST or MIGRATORY VARIETY, the convulsion travels, in some instances, so completely from organ to organ, and from one set of muscles to another, as to make an entire circle.

In the SECOND or UNIVERSAL VARIETY, the convulsion is often accompanied with a peculiar kind of percussion or hammering of one limb against another, or against some other part of the body, resembling the malleation we have already had occasion to describe, and constituting the MALLEATIO of some authors.

In the RECURRENT VARIETY, the intervals are often very irregular; but the ordinary return, where any thing like a regular period is established, is menstrual or lunar. To this, as also to the preceding, many writers have applied the name of HIERONOSUS or MORBUS SACER; which by others, as we have above observed, has been limited to some modifications of chorea.

In the FOURTH or SHRIEKING VARIETY, the muscles of respiration, and especially those of the larynx, appear to be chiefly affected; and the shrill sounds, or yelling to which it gives rise, proceed rather from an involuntary motion of these organs, than from any greater degree of pain that is suffered under this form than under any other.

In PUERPERAL CONVULSION, the irritation is supposed by Dr. Bland to derive no peculiar character from the state of the body at the time. But it is impossible to shut our eyes to the close and active sympathy which exists between the sexual organs and the sensorium, and which is peculiarly striking in hysteria; nor to the distinctive symptoms which take place in convulsion from this cause; in which there is a greater tendency to oppression in the head, than in any other modification whatever; the breathing is stertorous, and the spastic action particularly violent. Convulsions of this kind occur during pregnancy, in the midst of labour, or immediately afterwards: they rarely, however, take place before the sixth month. Yet, if the irritation were not of a particular kind, we might rather expect it on the first turgescence of the uterus. But we shall have occasion to recur to this subject under the ensuing Class.*

In INFANTILE CONVULSION, the mobility of the frame is impress-

* With regard to the treatment of puerperal convulsions, it seems to be settled by the most experienced practitioners in midwifery, that, when the pulse is strong and full, and the frame robust, the copious abstraction of blood in a large stream, is the most efficient means of shortening the attack. Active purgatives may be given, and if there be difficulty of swallowing, one or two drops of croton oil may be smeared on the tongue. Dr. Loeock also recommends a stimulating purgative injection to be thrown into the rectum, particularly one containing turpentine. For the comatose, or chronic stage, he advises blisters to the head, or back of the neck, and the bowels to be kept freely open, turpentine clysters being now of great service. In cases where the patient has been much reduced by previous illness, Dr. Loeock recommends bleeding, if employed at all, to be so only with great circumspection; and, when admissible, he prefers local bleeding to general. He has a favourable opinion of opium and camphor in the latter class of cases, and prescribes it, in the dose of one or two grains with five of camphor, every hour or two, till the proper effect is produced. Dr. Loeock approves of emetics only where the attack has arisen from a loaded stomach, or indigestible food. (See Cyclop. of Pract. Med., art. CONVULSIONS.) Respecting the question of delivering females in all cases where the child or placenta still remains in the uterus, the reader should consult the best authorities on midwifery. — Ed.

ively conspicuous. The clonic motions are exquisitely rapid, and the fingers work and the eyelids nictitate with a quiver that is often difficult to follow up. This constitutes the ecclampsia of Sauvages. In the subsequent stage of teething, as the irritative fibre is somewhat firmer, the clonic vibration is rarely so rapid. Antecedently to the time of teething, the usual causes of excitement are, retained meconium, flatulency, and acrimonious food.*

The ordinary excitements of convulsion, however, operate at all periods of life. Though often concealed, they are generally those of clonic spasm. They consist, not unfrequently, as we have already observed, in pressure or other irritation, from a deformity or some spicular node within the cranium; and are said by Desessarts† to occur most frequently in those whose skulls are peculiarly large, or, in the language of Morgagni‡, nearly cubical in the occipital region. Pressure, however, or congestion in the brain, from whatever cause, is an occasional source of this complaint. And hence convulsion is a frequent result of severe fright, or any other violent agitation of the mind; and, like several of the species we have just noticed, it is a frequent result of some suddenly-suppressed natural or morbid discharge, or suddenly-repelled complaint affecting a remote organ. It has hence appeared on suppressed menstruation, suppressed flow of milk, leucorrhœa, or lochia, suppressed dysentery§, the suppressed discharge from an old ulcer||, repelled gout, exanthems, and cutaneous eruptions. The usual causes in pregnancy and infancy have been already noticed.

Convulsions are also frequently produced by many of the narcotic poisons in a certain degree of strength or activity, and a certain state of the constitution. For, if the dose be very large, or the system much debilitated at the time, the irritability will be entirely destroyed, and death will often ensue instantaneously, without any struggle whatever. Thus the distilled water of the leaves or kernels of the *prunus lauro-cerasus*, under different

GEN. VII.

SPEC. I.

§ S. Convulsio infantilis.

Ordinary excitements :
structural irritations :

mental emotions :
suppressed evacuations or exanthems.

Narcotic poisons,

as *prunus lauro-cerasus* ;

* Beaumes, Des Convulsions de l'Enfance, de leur Cause, et de leur Traitement, &c. 8vo. Paris, 1805. In the majority of examples, the convulsions of young children are symptomatic of some other disease. According to Mr. North, who has written an able work on the convulsions of infants, an impending attack is indicated by various symptoms, independently of the existence of any particular disease, and all of which show an increased irritability of the system; such are, starting at very slight noises, a disturbed sleep, frequent fits of crying from trifling causes, and great peevishness: there is also a frequent fixing of the eyes, an oscillatory motion of the pupils, a momentary contraction, and again a sudden dilatation of them, or a want of consent between them, so that one will contract while the other dilates. The countenance is alternately flushed and pale; sudden animation is followed by as sudden a fit of languor, and irregularity in the breathing. Hiccough is not unfrequent, and, in many instances, a peculiar blueness about the mouth. (See North on the Convulsions of Infants, 8vo, Lond. 1826; and Locock in Cyclop. of Pract. Med., art. CONVULSIONS.) It was inculcated by Dr. John Clarke, that "in every case of convulsion, the brain is at the time organically affected, either directly or indirectly." (See Commentaries on the Dis. of Children.) This doctrine is criticised by Mr. North, who points out the mistakes into which it has led practitioners. So far from admitting that the brain is organically affected in every case, he does not allow that its vessels are even congested, as a matter of course; and he argues that, when they are so, it is often only a temporary condition, existing merely during the attack. — Ep.

† Journ. de Méd., xlvii. 114.

‡ De Sed. et Caus. Morb., Ep. ix. 9.

§ Hoefner, Baldinger N. Mag., b. vi. p. 323.

|| Gruellmann, Diss. Observ. de usu cicutaë, Goett. 1782. Ephem. Nat. Cur., Dec. iii. ann. ii. obs. 74.

GEN. VII.
SPEC. I.
§ S. Convulsio
infantis.

circumstances, will produce both these effects; as will also the distilled water of the kernels of various other fruits possessing prussic acid, as those of the black cherry and bitter almond-tree; and hence the prussic acid itself. And we may hereby understand the remark of Sir Hercules Langrishe, that one ounce of laurel-water will occasion more violent and stronger convulsions than five or six ounces. The dose of this water, given, by way of poison, to Sir Theodosius Boughton, was a draught-phial full, and, consequently, about an ounce and a half. The struggling fit, in this case, began in a minute and a half, or two minutes, after it was swallowed*; it continued for about ten minutes, when he expired.

upas tiente.

The spasmodic action produced by these plants, is chiefly clonic, which, in effect, is the ordinary action with which life ceases: but there are others that render it of a mixed character, the entastic alternating with the clonic; and some, in which the rigid or entastic power considerably predominates, as in the poisonous juice of the upas tiente, which, though with occasional relaxations, fixes the muscles as rigidly as in tetanus, and continues the rigidity till the patient dies.

A paroxysm
sometimes
sudden;
sometimes
ushered by pre-
cursive signs.

In ordinary cases, however, the mode of attack and the progress of the paroxysm exhibit a considerable variation. Sometimes the assault is sudden and without any warning; but, more generally, there are a few precursive indications, and especially in patients who are subject to returns of it; such as a coldness in the extremities, with a dizziness in the head, and floating spectra before the eyes, or a flatulent uneasiness in the bowels, and a tenseness in the left hypochondrium. In other cases, the patient complains of tremors in different muscles, and a cold aura creeping up the back, which makes him shiver.

Diagnostics
and description.

The struggle itself, I have already said, varies equally in its extent and violence, and, I may add, in its duration. The muscles are alternately rigid and relaxed, the teeth gnash, and often bite the tongue, the mouth foams, the eyelids open and shut in perpetual motion, or are stretched upon a full stare, while the protuberant balls roll rapidly in every direction: the whole face is hideously distorted. The force exerted is enormous, so as frequently to shake the entire room, and overpower the strength of six or eight attendants. In some instances, it has been so violent as to break a tooth, and even fracture a bone.† When the lungs are much oppressed in the course of the contest, the lips, cheeks, and indeed the entire surface, is dyed with a dark or purple hue.

Ceases sud-
denly; or con-
tinues for
hours; or re-
turns at uncer-
tain periods.

The paroxysm will sometimes cease in a few minutes, but occasionally lasts for hours, and, after a short and uncertain period of rest, returns again with as much violence as before; a fact, peculiarly common to puerperal and infantile convulsions. Great languor commonly succeeds; sometimes headach, vertigo, and vomiting, occasionally delirium; but not unfrequently, and especially in infants, there are no secondary symptoms whatever.

Medical treat-
ment of two

The treatment of convulsion must apply to the paroxysm itself,

* Gurney's Trial of John Donellan, Esq. for the wilful murder of T. E. A. Boughton, Bart. folio, pp. 18, 19.

† Eph. Nat. Cur., Dec. II. ann. VII.

and to the state of the constitution which gives a tendency to its recurrence.

If it proceed from a narcotic or any other poison introduced into the stomach, much benefit may often be obtained from the stomach pump. If the poison be in a liquid form, most of it may hereby be withdrawn, while the remainder, or the whole, if it be a powder, may be diluted and pumped up afterwards.

As there is danger from congestion in the brain, venesection is, in most cases, a good measure of caution, and, in many instances, is absolutely necessary: and hence, where plethora has preceded, and has threatened to become a cause, the disease has often been prevented, and sometimes effectually cured, by a spontaneous hemorrhage from the nose, the ears, or some other organ. But we have often had occasion to observe that, in weak and relaxed habits, bleeding, if frequently repeated, increases the tendency to plethora; and, on this account, how necessary soever at the time, it should be employed with caution, and persevered in with reluctance.

Brisk cathartics, introduced into the stomach, if possible, and where this cannot be accomplished, in the form of an injection, lower the morbid distension almost as effectually, and in some instances directly remove from the system the principal fomes of the complaint. Emetics are of more doubtful effect: they also may, occasionally, carry off the actual cause of irritation, and, by powerfully determining to the surface, make a favourable diversion of action. But, in many cases of debility, they have evidently increased the violence and prolonged the duration of the fit. In puerperal convulsions, they are strongly disapproved by Dr. Miguel.* The authorities, however, in their favour, are numerous and highly respectable. Le Preux† strongly recommends them in early infancy; and Hoeffner asserts, that he has found them highly serviceable where the irritation proceeded from dysentery.‡ Schenck employed them generally with considerable success, and preferred the preparations of copper, and particularly the verdigrise, to any other emetic, from their rapidity of action. § Antispasmodics are certainly entitled to our attention, and often succeed in allaying the irregular commotion. Those most commonly resorted to are ammonia, ether, musk, camphor, and valerian. The empyreumatic oils, both animal and vegetable, seem to have fallen as much below their proper value in the present day as they were once prized above it. And the same may be observed of the volatile fetids generally, as fuligo, assafœtida, and *chenopodium Vulvaria* or stinking arach: the last of which, however, under the older name of *atriplex fœtida*, seems to have been a favourite with Dr. Cullen.

It is not very easy to explain the operation of antispasmodics of this kind. Dr. Cullen refers it to their volatility alone, and hence concludes, that they are useful in proportion as they are volatile; which is, in fact, to regard them in the light of stimulants. But, beyond this, they seem to possess a sedative power, which probably resides in their fœtor. Where flatulency or some

GEN. VII.

SPEC. I.

Syspasia
convulsio.
Treatment.

kinds, as re-
specting the
paroxysm and
the interval.

Venesection
generally
useful,

but in particu-
lar habits to be
employed with
great caution.

Cathartics al-
ways useful.

Emetics:

have often
proved in-
jurious.

Antispasmodics
often succeed.

Empyreumatic
oils.

Volatile fetids.

Chenopodium
Vulvaria.

Atriplex fœtida.

Their mode of
operation.

* *Traité des Convulsions chez les Femmes Enceintes*, &c. Paris, 1824.

† *Diss. An Convulsionibus recens natorum Vomitoria?* Paris, 1765.

‡ *Balding. N. Mag.*, b. vi. 323.

§ *Lib. i. obs.* 244.

GEN. VII.

SPEC. I.

Sypspasia

convulsio.

Treatment.

Carminatives.

Narcotics.

Cold and heat.

Action of heat.

Action of cold.

Often useful in
infantile con-
vulsions.

Illustrated.

other misaffection of the stomach is the exciting cause, as is frequently the case in infancy, after opening the bowels, the warmer carminatives of anise, mint, ginger, and cardamoms will often be found sufficient; and where these fail, recourse has been had to opium, hyoscyamus, belladonna, and sometimes St. Ignatius's bean, or M. Wedenberg's favourite medicine in this disease, the extract of stramonium.*

Cold and heat have also been very frequently resorted to as powerful antispasmodics, and, in many cases, with considerable success. Heat appears to act by a double power, and especially when combined with moisture, with which it is always most effectual. It both relaxes and stimulates; and hence is admirably calculated to harmonise two alternating and contending states of a morbid rigidity and a morbid mobility, on which the disease depends, and, consequently, to restore a healthy equipoise of action. On this account we find warm bathing, and especially in infantile convulsions, of great benefit. It ought not to be forgotten, however, that both effects, as well the stimulating as the relaxing, have a considerable tendency to exhaust and debilitate, and hence the warm bath must not be frequently repeated.

The immediate effect of a sudden application of cold, whether by a blast of air, or by an affusion of water, is a general shuddering, a spasmodic contraction of the entire skin. And hence, where cold, applied in this manner, takes off either clonic or entastic spasm, it is by a revulsive power; by a transfer of the spasmodic action from a particular organ, or set of organs, to the surface of the body generally; in the same way as blistering the neighbourhood of an inflamed organ takes off the primary inflammation, by a transfer of the inflammatory action to the part where the blister is applied. If the cold excite a general reaction, and the shuddering be succeeded by a glow, it becomes a direct and very powerful tonic; and, in both these accounts, is a remedy highly worth trying in hysterics, convulsions, and even those cases of epilepsy, in which a suspicion of some structural cause of irritation within the cranium does not form a bar, by prohibiting every thing that may increase the impetus of the blood.

In the convulsion-fit of infancy the affusion of cold water, so far as I have seen, may be much oftener resorted to with perfect safety, than the fears of mothers will allow; and be found much more successful in a hot, close, unventilated nursery, than the more popular prescription of a warm bath. And where I have not been able to proceed thus far, and the warm bath has been tried repeatedly in vain, I have frequently succeeded by taking the little infant in my arms, and exposing him naked, or nearly naked, for a few moments, to the air of the window, thrown open to allow it to blow upon him. The great diminution of sensibility which prevails at such a time, prevents all danger of catching cold; while, on the contrary, the little patient is usually revived by the sudden rush of the external air, and the fit, in many cases, ceases instantly.†

* *Dissertatio Medica de Stramonii Usu in Morbis Convulsivis.* 4to. Upsalæ.

† Other means specified for the relief of infantile convulsions, are wet cloths, or bladders filled with snow or powdered ice, and constantly applied to the scalp; clysters of assafoetida, combined with castor oil, or neutral salts; and chafing the

Cold bathing, when not prohibited by any other complaint, will also be found a useful tonic in the intervals of the attacks, and may conveniently be employed in conjunction with internal medicines of the same character.* Of these the metallic salts and oxydes are chiefly to be depended upon, and especially those of iron, copper, arsenic, silver, and zinc. Zinc has had by far the greatest number of advocates, and is generally supposed to have succeeded best in the form of its white oxyde, ten or twelve grains of which are usually given to an adult in the course of twenty-four hours. Mr. Dugaud increased the proportion to fifteen grains †; and Mr. Bell, at length, prescribed not less than ten grains at a time, repeated three times a day. ‡ [Dr. Braehet joins the extract of henbane with the oxyde of zinc, giving to children four grains of the former, and two of the latter, in divided doses, one of which is taken every three or four hours.] In the hands of the present author, zinc has proved more salutary in the form of its sulphate, which has not unfrequently succeeded where the oxyde has failed; the usual proportion which he has employed, being a grain three times a day, given in the emulsion of bitter almonds. Where silver has been made choice of, the usual preparation has been its nitrate, and the dose has begun with a grain given four or five times a-day in the shape of a pill, and gradually increased to eight or ten grains, or as much as the patient's stomach will bear.§

GEN. VII.

SPEC. I.

Sypspasia

convulsio.

Treatment.

In the intervals
cold-bathing :

metallie oxydes.

Zinc how far
useful, and in
what forms.

hands and feet with brandy or ether. Should the abdomen be distended with air, a few drops of sal volatile may be given in peppermint water, and the belly rubbed freely with the hand, or with any gently stimulating liniment. A purgative of calomel and jalap, or scammony, may be given, if the child can swallow; or an emetic, if any improper article of food has been recently taken. Bleeding is not always right, as a matter of course, though proper when the vessels of the brain are in a plethoric state. The jugular vein may be opened, or leeches applied to the temples, or behind the ears. Should the child be of an age when dentition is going on, the gums ought to be freely scarified. If the case were one of great irritability of the nervous system, without plethora, we should first endeavour to remove the exciting cause, and, when the convulsions still continue, have recourse to antispasmodics, assafoetida mixture, ammonia, camphor, ether and musk, and even opium, with caution. When the bowels are very irritable, the pulvis eretæ comp. eum opio, in doses of from one to ten grains, according to the child's age, and repeated every hour or two, until relief is obtained, is an excellent medicine. In some cases, and those not always in very weak children, there is constitutionally an exceedingly irritable state of the nervous system, leading to convulsions, resembling those of an epileptic nature. Here the carbonate of iron, in doses of five grains, mixed with honey, has sometimes proved beneficial. See Loeock in *Cyclop. of Pract. Med.*, art. CONVULSIONS. — ED.

* Y. W. Wedel. *Liber de Morbis Infantum*, cap. xiii.

† Edin. Med. Comment. v. 89.

‡ Id., i. 120.

§ In particular cases, iron has the advantage of acting as an emmenagogue, and correcting that deficiency and irregularity of the functions of the uterus, which are so often the sole cause of the disordered state of the health. Dr. Abercrombie gives a remarkable example of this power of the sulphate of iron, which, in the dose of three grains thrice a day, combined with a sufficient quantity of aloes to regulate the bowels, effected the cure of a most anomalous convulsive disease, that had been treated ineffectually for six years on the plan of copious depletion and counter-irritation. This case would be considered by many, however, rather as one of chorea. In similar cases, Dr. Adair Crawford has prescribed with considerable advantage the carbonate of iron, combined with a mixture of carbonate of ammonia and tincture of aloes: he recommends it to be given to the extent of one or two drachms in the twenty-four hours, but not more freely, as then it remains accumulated and inert in the bowels. — ED.

GEN. VII.

SPEC. I.

Syspasia
convulsio.
Treatment.

All improved
by a combina-
tion with
camphor;
which is often
highly useful
even alone.

Vegetable
tonics.

Cardamine
pratensis,

sisymbrium of
Dioscorides,
unduly praised
by high au-
thorities.

Sempervivum
tectorum, or
house-leek.

Viscus quercus,
or mistletoe.

The virtue of all these, however, seems considerably improved by a combination with camphor, which has often been found advantageous even alone. "In spasmodic, or convulsive affections," says Dr. Cullen, "it has been of service, and even in epilepsy it has been useful. I have not, indeed, known an epilepsy entirely cured by camphor alone; but I have had several instances of a paroxysm, which was expected in the course of a night, prevented by a dose of camphor exhibited at bedtime; and even this, when the camphor was given alone; but it has been especially useful when given with a dose of cuprum ammoniatum, or the sulphate or the flowers of zinc."*

The vegetable tonics are little to be depended upon. The bark recommended by Dr. Home, Sumcire, and many other distinguished writers, is rarely of use, except where the paroxysm is periodical: and the *cardamine pratensis* (lady-smock), *sempervivum tectorum* (house-leek), and *viscus quercus* (mistletoe), are hardly worthy of notice in the present day, notwithstanding the specific virtues they were supposed to possess formerly. The cardamine, the σισύμβριον ἔτερον of Dioscorides, is of ancient celebrity, and, in modern times, has been warmly extolled by the commanding authorities of Mr. Ray, Sir George Baker, and Dr. Home; the second of whom, as was noticed under the head of chorea, declares himself to have succeeded in its use, not only in cases of convulsion, but of all clonic spasms whatever, and this, too, when almost every other medicine had failed.†

The house-leek was employed in the form of an expressed juice intermixed with an equal quantity of spirit of wine, which gives a white coagulum, resembling creme of fine pomatum, that has a weak but penetrating taste, and was supposed, from its ready evaporation, to contain a considerable portion of volatile alkaline salt. The mistletoe has rarely been employed in our own country, except by Dr. Home, who thought he found it serviceable: though it is chiefly indebted for its fame as a specific in convulsions, to the practice and writings of Colbatch.‡ It has been given in powder, infusion, and extract.

SPECIES II.

SYSPASIA HYSTERIA.

HYSTERICUS.

CONVULSIVE STRUGGLING, ALTERNATELY REMITTING AND EXACERBATING; RUMBLING IN THE BOWELS; SENSE OF SUFFOCATION; DROWSINESS; URINE COPIOUS AND LIMPID; TEMPER FICKLE.

GEN. VII.

SPEC. II.

Origin of
generic term.

HYSTERIA, from ὑστέρα, "the uterus or vulva," or, more correctly, "viscus posterius vel inferius," evidently imported, in an early

* Medical Transactions, vol. i. art. xix.

† Auserl. Abhandl. für Pract. Aerzte., b. x. 13.

‡ See also Diss. sur le Gui de Chêne, Remède Spécifique pour les Maladies Convulsives. Paris, 1719.

period of medical science, some misaffection of the womb or other sexual organ : and hence hysteria, among the Greeks and Romans, was also a term by which female midwives were denominated, or those who especially attended to affections of the hysteria or womb. The Latin term uterus, although it approaches it in sense and sound, is altogether of a different origin. For this has a direct reference to the use and figure of the uterus as a single organ, and is an immediate derivation from *uter*, a bag or bottle.

With a morbid condition of this organ, indeed, hysteria is in many instances very closely connected, though it is going too far to say, that it is always dependent upon such condition : for we meet with instances occasionally, in which no possible connection can be traced between the disease and the organ ; and sometimes witness it in males as decidedly as in females. It has been contended by various writers, that, in this last case, the disease ought to be called hypochondrism, the *HYPOCHONDRIAS* of the present work ; and that hysteria and hypochondrias are merely modifications of a common complaint. Nothing, however, can be more erroneous. These two diseases have often a few similar symptoms, and more particularly those of dyspepsy ; but they are strictly distinct maladies, and are characterised by signs that are peculiarly their own. The convulsive struggling paroxysms, the sense of a suffocating ball in the throat, the fickleness of temper, and the copious and limpid urine, which are pathognomonic of hysteria, have no necessary connection with hypochondrias, and are never found in this disease when strictly simple and idiopathic. While, on the contrary, the sad and sullen countenance, the dejected spirits and gloomy ideas that characteristically mark hypochondrias, have as little necessary connection with hysteria, and are in direct opposition to its ordinary course. Hysteria is strictly a corporeal disease, hypochondrias a mental, though it commonly originates in corporeal organs, but organs that have a peculiar influence upon the mental faculties, and has not established itself till these participate in the morbid action. Hysteria is a disease of the irritative fibres, hypochondrias of the sentient ; hysteria is a disease of early life, hypochondrias of a later period. Both, however, are diseases of a highly nervous or excitable temperament, and, as such, may co-exist in the same individual : but so also may vertigo or cephalæa with either of them ; which would nevertheless continue to be regarded as distinct diseases, notwithstanding such an incidental conjunction. And hence Mieg *, and various other established writers † upon the subject, have not incorrectly, though perhaps unnecessarily, treated of the disorder before us under the two divisions of male and female hysteria, *hysteria virorum*, or *masculina*, and *hysteria fœminina*. Swediaur, who affirms that men may labour under the hysteric passion as well as women, arranges this and hypochondrism as distinct species of a common genus, to which, with his extravagant fondness for long Greek terms, he has given the name of *hyperkinesia*.

Hysteria, like all other clonic affections, shows itself most frequently in mobile and irritable temperaments, and particularly

GEN. VII.

SPEC. II.

Sypspasia
hysteria.Usually though
not always con-
nected with a
morbid condi-
tion of the
uterus.Often con-
founded with
hypochondrism.Distinctive
characters.Hence the
hysterica mas-
culina of Mieg,
as distinguish-
ed from h. fœ-
minina.Hyperkinesia
of Swediaur.Period of life
and tempera-
ment in which
hysteria mostly
appears.

* Epistolæ ad Hallerum scriptæ, No. v.

† Eph. Nat. Cur., Dec. II. ann. IV. obs. 1861. *Traité Nouveau de Médecine*, &c. Lyons, 1684.

GEN. VII.
SPEC. II.
Syspasia
hysteria.
Occasional
causes.

during that period of life in which irritability is at its highest tide, as from the age of puberty to that of thirty-five years, seldom appearing before the former, and rarely after the latter of these terms.* The common occasional causes of convulsion, which we have already described, are also those of hysteria; and hence, disorder of the stomach, or other abdominal organs, mental emotions †, plethora, and particularly turgescence of the sexual region, are among the most frequent; on which account, we are told by Forrestus ‡, and Zacutus Lusitanus §, that one of the most common causes of hysteria in males is a retention of semen, as one of its surest cures is an excretion.

As every thing, moreover, that disturbs the uniform transmission of the nervous energy, or the ordinary diameter of the blood-vessels or cavity of the heart, becomes a powerful irritant, we may also see why this disease should occur on debilitating, and especially sudden evacuations, and be at no loss to account for its appearing on excessive as well as on suppressed menstruation, and consequently in leucorrhœa. And, as the sexual organs lose much of their orgasm during the period of parturition, we may also see why the disease should attack barren rather than breeding women, particularly young widows, who are cut off from the means of exhaustion they formerly enjoyed; and, more especially still, those who are constitutionally inclined to that morbid salacity, which has often been called nymphomania, and, in the present work, will be found under the genus LAGNESIS.

Pathology.

I have already endeavoured to show by what means, in a habit of great nervous irritability, both clonic and entastic or rigid spasms are produced; and the disposition there frequently exists for them to pass into each other, or to alternate in rapid succession. And we have also seen, that the former is most predominant in laxer and more mobile, and the latter in firmer and more vigorous constitutions. There is no frame, however, that may not become a prey to spasmodic action of some kind or other, and hence, there is no frame that may not become a prey, under particular circumstances, to the species of spasmodic action we are now describing. These circumstances are very generally concealed from us; but we uniformly perceive, that the rule we have now adverted to holds true; and that the hysteric spasms will assume more or less of a clonic, or of a spastic character, in proportion as the individual is of a more relaxed or of a more vigorous make. And hence the most violent, though the least common, instances of hysteric

Why sometimes
of a clonic
character and
sometimes of
a spastic.
Hence the last
most common
to robust con-
stitutions.

* The menstrual period of life, or that between the ages of fifteen and forty-five, may be stated to be the time when this disorder is most disposed to show itself. If it appear at any other age, it is more frequently earlier than later; it is more common to meet with hysterical girls who have not menstruated, than with old women who have done menstruating. See Elliotson's Lect. at Lond. Univ., as reported in Med. Gaz. for 1832-3, p. 642. — ED.

† "Any woman may have hysteria, if she can have but emotion of mind strong enough." Anger or grief, especially grief for ungratified desire, or, to use a more elegant expression, "disappointed love," is the most common cause. It is during the period of menstruation that all the feelings of women are most active; it is then that they are most likely to fall in love, and to experience sorrows of all sorts, whether real or imaginary. See Elliotson's Lectures. — ED.

‡ Observ. et Curat. Medic., lib. xxviii. obs. 29. 33.

§ De Praxi Admirandâ, lib. ii. obs. 85.

struggle that occur to us, are in young women of the most robust and masculine constitution.

The paroxysm often takes place without any previous warning or manifest excitement whatever, and especially where it has established itself by a frequency of recurrence. Occasionally, however, we have a few precursive signs, which rarely show themselves in vain: as a sense of nausea or sickness, flatulency, palpitation of the heart, depression of spirits, and sudden bursts of tears without any assignable cause. The fit soon succeeds, with a coldness and shivering over the whole body, a quick fluttering pulse, and an acute feeling of pain in the head, as though a nail were driven into it. The flatulency from the stomach or colon rises in the sensation of a suffocating ball into the throat, and forms what is known by the name of *globus hystericus*. The convulsive struggle now commences, which in women of very mobile fibres is sometimes very feeble, the relaxant alternations prevailing over the contractile: but, in other cases, is prodigiously violent, evincing during the contractions a rigidity as firm as in tetanus, and a force that overcomes all opposition. The trunk of the body is twisted backward and forward, the limbs are variously agitated, and the fists are closed so firmly that it is difficult, if not impossible, to open the fingers; and the breast is violently and spasmodically beaten. An equal spasm takes place in the sphincter ani, so that it is often found impracticable to introduce a clyster pipe; and the urine discharged, though copious, is colourless. The muscles of the chest and trachea are agitated in every way, and hence, there is an involuntary utterance of shrieks, screams, laughing, and crying, according to the direction the spasm takes, sometimes accompanied with, or succeeded by, a most obstinate and distressing fit of hiccough. When the fit ceases, the patient appears to be quite spent, and lies stupid and apparently lifeless. Yet, in an hour or two, or often much less, she perfectly recovers her strength, and has no other feeling than that of a general soreness, and perhaps some degree of pain in the head. It is rarely, indeed, that an hysteric fit becomes dangerous; though it has, in a few instances, terminated in epilepsy or insanity.*

The temper is fickle, and the mind is as unsteady as the muscles: "and from hence," observes the sagacious Burton, who has painted strongly, but from the life, "proceed a brutish kind of dotage, troublesome sleep, terrible dreams, a foolish kind of bashfulness in some, perverse conceits and opinions, dejection of mind, much discontent, preposterous judgment. They are apt to loathe, dislike, disdain, to be weary of every object. Each thing almost is tedious to them. They pine away, void of counsel, apt to weep, and tremble, timorous, fearful, sad, and out of all hopes of better

GEN. VII.
SPEC. II.

Syspasia
hysteria.

Paroxysm
generally without any previous warning: sometimes precursive signs.

Signs described.

Commencement and progress of paroxysm.

Sphincter ani often imperiously contracted.

Whence shrieks, screams, and fits of laughing.

Hiccough.

Termination of the paroxysm.

Fickleness of temper.

Description of the hysteric temperament.

* In hysteria there are fits of general convulsions and insensibility, as in epilepsy; but not a continuance of the insensibility after the convulsions are over. For the most part, the convulsions are renewed in the midst of the insensibility. Sometimes, but not always, there is a regular collection of sobbing, crying, laughing, and shrieking in the midst of the convulsions. The insensibility is generally incomplete; the patient has some knowledge of what is going on around, or, if she have not all the time, yet she has more or less of the time. See Elliotson's Lectures delivered at the Lond. Univ. as reported in *Med. Gaz.* for 1832-3, p. 641. — *Ed.*

GEN. VII.
SPEC. II.
Sypspasia
hysteria.

fortunes. They take delight in doing nothing for the time, but love to be alone and solitary, though that does them more harm. And thus they are affected so long as this vapour lasteth; but by and bye they are as pleasant and merry as ever they were in their lives; they sing, discourse, and laugh, in any good company, upon all occasions. And so by fits it takes them now and then, except the malady be inveterate, and then it is more frequent, vehement, and continue. Many of them cannot tell how to express themselves in words, how it holds them, what ails them. You cannot understand them, or well tell what to make of their sayings.”*

Mode of
treatment.

The mode of treatment bears so close a resemblance to that for the preceding species, that it will be unnecessary to enlarge upon it. Pungent applications may be applied to the nostrils, or round the temples, or the face and neck may be sprinkled or dashed with cold water during the paroxysm †, and warmth and the friction of the hand be applied to the feet. The peristaltic action of the bowels should be increased, which can only be done by stimulant and cathartic injections, if the contraction of the sphincter ani will allow them to pass.

Chiefly to be
directed to the
intervals.

Mis-menstrua-
tion to be
corrected.
Plethora.

Our chief attention, however, should be directed to the intervals. And here the first recommendation is, sedulously to avoid every remote or exciting cause. If the menstruation be in a morbid state, this must be corrected as soon as may be, concerning which, however, we shall have to speak in the ensuing class. If plethora be a striking symptom, the lancet should be employed. In robust and vigorous habits, we may bleed freely, and have nothing to fear ‡; but, in loose and relaxed constitutions, far more caution is necessary, as has been already explained under CONVULSIO.

Tonics, aro-
matics, and an-
tispasmodics.

In this last state of body, tonics should also be had recourse to, and many of the warmer sedatives and antispasmodics, as assa-fœtida, camphor, most of the verticillate plants, and eajeput, which was a favourite remedy with Mieg. § Valerian has often proved serviceable, but is rarely prescribed in sufficient quantity to produce any good effect. “It seems,” says Dr. Cullen, “to be most useful when given in substance and in larger doses. I have never found much benefit from the infusion in water.” || The ammoniated tincture of the London College, however, is an excellent form; but even here the quantity of the root employed should be double what is prescribed. The cinchona may be usefully united with valerian, but does not seem to be of much benefit in this disease by itself. ¶

* Anat. of Melancholy, part I. sect. III.

† The water should be thrown with considerable force, and in plentiful quantities. Dr. Elliotson mentions, that filling the mouth with salt generally succeeds in stopping the fit. If the patient is able at intervals to swallow, we may give her from half a drachm to a drachm of the spiritus ammoniæ aromaticus, or of the spiritus ætheris aromaticus, or fœtidus, or of the spiritus æther. sulph. comp., or nitrici, blended with water. — ED.

‡ When, in such patients, there is pain in the head, that part should be cupped, and active purgatives prescribed. Hysteria seems frequently to be combined with habitual constipation. — ED.

§ Epist. ad Haller., ut suprâ, No. v.

|| Mat. Med., part II. ch. VIII.

¶ When a tonic plan is judged advisable, Dr. Elliotson considers iron, with cold affusion and cold bathing, the best means of relief. For the extreme languor the patient feels, and the sense of sinking experienced in the epigastrium,

Opium is a doubtful remedy: where the precursive signs are clear, it will often allay the irritation, and thus prove of great value. But it so frequently produces headach, and adds to the constipation, that it is rarely trusted to in the present day. When resorted to, it is best combined with camphor.*

Where the disease occurs in the bloom of life, and there is reason to apprehend the ordinary orgasm of this age to be in excess, the surest remedy is a happy marriage.†

GEN. VII.
SPEC. II.
Syspasia
hysteria.
Treatment.

he prefers the *ferrum ammoniatum*. When the disorder is attended with trismus, he recommends two or three ounces of oil of turpentine to be thrown up the rectum: there is usually difficulty in getting a patient in this state to swallow turpentine, and hence the injection is best. As chalybeate tonics, Dr. Conolly prefers to the carbonate half a grain or a grain of the sulphate of iron in a draught with a few drops of diluted sulphuric acid. If more of the sulphate is deemed necessary, he gives it in a pill with the *extractum anthemidis*, vel *gentianæ*, night and morning. If the *tinctura ferri muriatis* can be taken without inconvenience, he prescribes it in doses of from seven to ten drops twice a day. He adds, that he has generally found these forms of medicine less objected to by patients, than the *mistura ferri composita*, although the compound iron pill is taken without complaint, and, in doses of eight or ten grains twice a day, is a valuable tonic. The *vinum ferri*, or the *mistura ferri*, with the *decoct. aloës comp.*, is mentioned as a useful combination, when it is desired to promote the activity of the bowels, or the periodical functions of the uterus. See *Cyclop. of Pract. Med.*, art. *HYSTERIA*. — ED.

* Sydenham has given a description of a cough dependent on hysteria. In its treatment, he chiefly depended upon opium; but, in a case recorded by Dr. Sinclair, powerful cathartics effected a cure, after the failure of bleeding, opium, antispasmodics, and various other means. *Edin. Med. Journ.*, No. lxxxii. p. 38. — ED.

† M. Pinel, on instituting an examination of the patients detained in the *Salpêtrière* as epileptic, found a great number of women, several of them young women, who were only hysterical, and yet who were separated from their families and from society. (*Traité des Maladies Nerveuses*, tom. i. p. 117.) In referring to this circumstance, Dr. Conolly introduces the following just observations: — “To pronounce a young female patient epileptic, is often in its consequences only second to pronouncing her insane: the disease is considered to be incurable, to have a tendency to destroy the understanding, and to be transmissible to offspring; none of which terrible evils are associated with the name of hysteria. The attack of hysteria is commonly less sudden and less violent than an attack of epilepsy. Epilepsy is often ushered in by a loud cry; the patient falls violently to the ground; the muscles of the face are severely convulsed; the eyes are distorted; the tongue is protruded and bitten, and frothy saliva forced out of the mouth. In hysteria there is seldom any incipient cry, although the patient may cry or laugh during the paroxysm; the patient, except in the comatose variety, does not fall suddenly, but, feeling the approach of the fit, is usually attacked after sitting or lying down; the muscles of the face and the eyes are usually tranquil, and the face is generally flushed; whereas in epilepsy it often has a ghastly paleness. The hysteric patient does not protrude or bite the tongue, nor is there a discharge of frothy saliva. The epileptic patient does not laugh or shed tears, but is in a state of fixed and intense agony; neither is globus a sensation known to him. During the paroxysm of hysteria, the pupils of the eyes are commonly sensible to light, which is not the case in epilepsy. After the paroxysm, the hysteric patient often remembers all that has passed, which the epileptic patient does not. It may be added, that epilepsy is most common in men, in whom hysteria is rare; and that the character, habit of body, and history of the cases, will frequently afford instructive circumstances of difference.” See *Cyclop. of Pract. Med.*, art. *HYSTERIA*. — ED.

SPECIES III.

SYSPASIA EPILEPSIA.

EPILEPSY. FALLING-SICKNESS.

SPASMODIC AGITATION AND DISTORTION, CHIEFLY OF THE MUSCLES OF THE FACE, WITHOUT SENSATION OR CONSCIOUSNESS; RECURRING AT PERIODS MORE OR LESS REGULAR.*

GEN. VII.

SPEC. III.

Origin of the generic term.

By the Latins called morbus comitialis, and why.

Pathology to be collected from that of the two preceding species.

The Greek physieians gave the name of EPILEPSY, from ἐπιλαμβάνομαι, to the present disease, from its "sudden seizure or invasion," which is its direct import: and as the violence of passion or mental emotion, to which the Roman people were accustomed to be worked up in their COMITIA, or popular assemblies, from the harangues of their demagogues, was one of the most common exciting causes, it was among the latter denominated MORBUS COMITIALIS, in the popular language of our own day, "electioneering disease," in reference to the time and occasion in which it most frequently occurred; or, according to Seneca, because, whenever the disease appeared, the comitia were instantly broken up.† There are many other names, also, by which epilepsy was distinguished in former times; but it is unnecessary to recount them.

The general pathology of the two preceding species, and which has been given at some length under the genus CLONUS, will apply to the present: but it is obvious from the symptoms, that the muscular power, commonly speaking, though not always, is affected to a less extent, and the sentient and intellectual to a much greater; and consequently that the irritative fibres suffer in a smaller degree than the sensific and percipient.

Before we enter upon the history of the disease, it will be convenient to remark, that, from the different modifications under which it shows itself, it has been subdivided by many nosologists into very numerous varieties, but that the whole may be reduced to the following:—

α Cerebralis.
Cerebral epilepsy.

Attaeking abruptly without any evident excitement, except, in a few instances, a slight giddiness. In this case, the predisposing cause is external violence or some internal injury, misformation or disease of the head.

* "In epilepsy there are fits of a sudden loss of sense, with convulsions of the voluntary muscles; and the loss of sense continues after the convulsions have ceased, so that the person is said to go to sleep after the fit. The fact is, the convulsions cease before the loss of sense terminates." (Elliotson.) Generally, says Dr. Armstrong, epilepsy may be defined to be clonic convulsions, followed by stupor, which, after a time, return. See Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 750. 8vo. Lond. 1834. — En.

† De Irâ, iii. 7.

β Comitata. Catenating epilepsy.	Catenating with some morbid action of a remote part, with the sense of a cold vapour ascending from it to the head, or some other precursive sign.	GEN. VII. SPEC. III. Syspasia epilepsia.
γ Complicata. Complicate epilepsy.	The limbs fixed and rigid, with clonic agitation of particular organs.	

The causes of epilepsy, like those of the two preceding species, may be mental or corporeal: but to produce this, rather than either of the others, there must be a peculiar diathesis, which seems to depend upon the state of the nervous system. Where this exists, almost any of the passions or mental emotions, when violent, have been found sufficient to occasion a paroxysm, as anger, grief, fright, consternation; of all which the records of medicine afford abundant examples. In a like diathesis, any kind of corporeal irritability will often become an exciting cause, whether more or less remote from the head itself; and particularly where it is productive of a preternatural flow of blood into the vessels of the brain. Thus, an irritability in the ear from an inflammation, abscess, or some insect or other foreign substance that has accidentally entered into it, or the sudden suppression of a discharge to which it has been subject, has in various instances produced epilepsy. Hildanus* mentions a case, in which it followed a considerable degree of irritation, excited in the same organ by the accidental introduction of a small piece of glass. In like manner, an irritable state of the stomach, or intestines, or the liver, from chronic inflammation, debility, worms, or the presence of substances that do not naturally belong to it, has proved a frequent origin. Bartholine gives an instance, in which it supervened upon swallowing pieces of glass †, and Widenfeld another upon swallowing a needle. ‡ Confirmed drunkards are peculiarly subject to this complaint.

Particular affections of the uterus are, in like manner, an occasional source of epilepsy as well as of hysteria: and sometimes the latter has run into the former, where the epileptic diathesis has predominated. What this diathesis consists in, it is difficult to determine, for it gives no external signs: and hence Dr. Pritchard seems to doubt its existence §: but it is otherwise no easy matter to determine why a like irritation in the uterus should in one woman produce hysteria or convulsions, and in another epilepsy; examples of which last occur very numerously in all the medical collections of cases. || Menostation, or a suppression or retention of the menstrual flux is, perhaps, the most common of this class of causes; and we may hence see, why it should occasionally be excited by a suppression of the lochial discharge. A sudden suppression, indeed, of discharges of almost every kind, natural or

Like hysteria, often produced by a morbid state of the uterus in an epileptic diathesis. Whether such a diathesis exist.

* Cent. i. obs. 4.

† Hist. Anat., cent. v. hist. 66.

‡ Diss. Obs. Med. Triga. Goett. 1768.

§ On Nervous Diseases, p. 95. 1822.

|| Moranus, Apologia de Epilepsiâ Hystericâ, Orthes. 1626. 4to. Schulze, Diss. Casûs Hystericæ-epileptici Resolutio. Hal. 1736. Eickmeyer, Diss. de Epilepsiâ Uterinâ. Ultraj. 1638.

GEN. VII.
SPEC. III.
Syspasia
epilepsia.

Predisponent
cause most
frequently
seated in the
head.

Organ chiefly
affected.

morbid, of long continuance in an irritable habit, has occasionally proved a sufficient source of excitement.

Hence, also, repelled gout has been a cause, and still more generally repelled eruptions and exanthems, as itch, various species of eczema, small-pox, and in one instance miliaria.* Sometimes it has occurred with the regular flow of the menses, and been re-excited by every periodical return; for where the peculiar diathesis exists, the slightest stimulus is often sufficient to call forth the disease. In the case before us, however, the periodical discharge is usually accompanied with pain in the loins, or other local distress, as has been justly observed by Professor Oslander.†

Yet the most frequent cause of epilepsy is seated in the head itself; and has been found, on post-obit examinations, to consist in some morbid structure or secretion in the bones, tunics, or substance of this organ, as tubercles, exostoses, caries, apostems, natural misconstruction of the whole, or of particular parts, injuries from external violence, loose calcareous earth, hydatids, pus, ichor, and other diseased fluids.‡ Of these, some are predisponent, others occasional causes; the former of which will often continue inactive for a long period of time, and, as we have already observed, appertain chiefly to the first or cerebral variety. It has been observed, also, that in this modification the disease often makes its attack suddenly, and without any manifest exciting cause. Yet there can be little doubt that, in every instance, some occasional cause does exist, though, from its acting upon a morbid part of an organ that lies beyond our research, it entirely eludes all notice. The organ chiefly affected, as appears from the numerous and delicate dissections of M. Wenzel, is the cerebellum. He tells us, indeed, that he never opened the body of a single epileptic patient, in which he did not find the cerebellum diseased in some way or other.§ But then Dr. Prout, who examined the

* Baraillon, *Hist. de l'Acad. Royale de Méd.*, an. 1776, p. 220. Inflammation of the membranes of the brain; certain poisons, as those of lead and the vegetable narcotics; acute hydrocephalus; the stage of small-pox, in which the eruption is coming out; and profuse hemorrhage; may all prove so many exciting causes of epilepsy. — *En.*

† *Über die Entwicklungs-krankheiten in den Blüthen jahren des weiblichen Geschlechts. Theil. i. 58. Götting. 1817.*

‡ Epilepsy is frequently united with a curious form of the head; it is very often united with deficiency of intellect with a deficiency of brain, and of course fatuity, or idiotey. Many epileptic patients have a narrow forehead, a low forehead, sloping back. Many persons are idiots, not from there being a deficiency of brain, but the brain is of bad quality. However, there is one kind of idiotey, which depends entirely upon a deficiency of the anterior part of the brain. Where such is the case, it is common for epilepsy to be united with it. It is very common to find a sugar-loaf form of head in epileptic patients. Epilepsy is sometimes united with a large head. A man with hydrocephalus, who had ten pints of water in his head, was epileptic. Sometimes the magnitude of the head arises from a preternaturally thick bone. Epilepsy may also occur in a person that has a most beautifully formed head, simply from some accidental disease in the head. (See Professor Elliotson's Lectures, as delivered at the London University, *Med. Gaz.* for 1832-3, p. 582.) Very often, he adds, you will find the predisposition inexplicable. (p. 609.) — *En.*

§ *Obs. sur le Cervelet, et sur les diverses Parties du Cerveau dans les Epileptiques, &c. Mentz.* Dr. Elliotson, however, has opened persons who died of epilepsy, and nothing wrong was noticed in the cerebellum, or anywhere else. (See his Lectures, as delivered at London University.) In Dr. Carter's account

bodies of numerous epileptics in the hospitals of Paris, tells us the same respecting the existence of worms in the intestines *; while "it is proper to remark," observes Dr Cook, in his essay on Epilepsy, "that, in some instances, after this disorder, no marks of disease whatever could be found within the cranium, the thorax, the abdomen, or any other part of the body." † So that, however curious in themselves, it is only in a few cases such morbid appearances can be turned to any account; while some of them may occasionally, perhaps, be effects of the disease rather than its causes. Dr. Löbenstein-Löbel, however, thinks that there ought always to be found some marks of disease or other within the cranium; and there is something humorous in his mode of accounting for their absence. "This is owing," says he, "to an injudicious treatment on the part of the practitioner, or neglect of the patient, by means of which the disease, instead of confining itself to a particular organ, is thrown over the nervous system at large." ‡

The paroxysm in most cases occurs suddenly, and the patient is, so to speak, cut down at once, and loses all sense of perception and power of motion; so that if he be standing he falls to the ground with a greater or less degree of convulsion. § There are a few rare instances of some degree of consciousness and perception throughout the paroxysm ||; but the exceptions are few, and by no means enough to disturb the general rule. Commonly, the limbs on one side are more agitated than those on the other. The muscles of the face and eyes are always much affected, and throw the countenance into various and violent distortions. The tongue is thrust out of the mouth, which discharges a frothy saliva; the lower jaw is strongly convulsed; the teeth gnash violently upon each other; and, as this occurs while the tongue is protruded, it is often most grievously wounded. ¶

During the continuance of the fit, there is generally an alternate remission and exacerbation of the symptoms; though the whole does not usually last long, and is often of shorter duration than hysteria. On the cessation of the paroxysm, the patient remains

GEN. VII.
SPEC. III.
Sympasie
epilepsia.
Appearances
on dissection
vary.

Commence-
ment and pro-
gress of the
paroxysm.
Some degree
of perception
and conscious-
ness still re-
maining in a
few rare in-
stances.

Cessation of
the paroxysm.

of a lunatic hospital in France, it is stated, that one of the physicians of the institution, in thirty dissections of epileptic subjects, found no disease of the brain, but of the medulla spinalis; which observations would agree with the view taken of this disease by Dr. Reid. — ED.

* Médecine éclairée par l'Observation et l'Ouverture de Corps. Paris, 1804.

† On Nervous Diseases, vol. ii. part 41.

‡ Weser und Heilung der Epilepsie, &c. 8vo. Leipsig, 1818.

§ The scream with which epilepsy usually commences, is described as one of the most startling sounds that can be uttered. "A young lady, while in the drawing-room of an eminent physician, waiting the assembling of a consultation summoned to consider her case, was suddenly attacked with epilepsy. She uttered a scream so piercing, that a parrot, himself no mean performer in discords, dropped from his perch, seemingly frightened to death by the appalling sound." Dr. Cheyne in Cyelop. of Pract. Med., art. EPILEPSY. — ED.

|| Bresl. Sammlung. 1724. band. i. p. 436.

¶ Dr. Cheyne states, that the patient is often found labouring under a general spasm, more especially of the extensor muscles. In a girl under this physician's care, the muscular contractions were so violent, that her arm was observed to be dislocated after every fit. (Cyelop. of Pract. Med., art. EPILEPSY.) Burserius describes a similar case, and another, in which the lower jaw was found dislocated after each attack. — ED.

GEN. VII.
SPEC. III.
Sypspasia
epilepsia.

α S. Epilepsia
cerebralis.

Sometimes ob-
jects appear
brighter or
larger.

Sometimes ac-
companied
with local
paralysis.

In one instance
blindness was
suddenly
removed.

Sometimes the
joints have
been insuper-
ably contracted.

for some time motionless, quite insensible, and apparently in a profound sleep or lethargy. He recovers from this attack sometimes suddenly, but more generally by degrees, and without any recollection of the sufferings he has undergone. *

[In one example, recorded by Dr. Burnet †, there was considerable dyspnœa, and a remarkable slowness of the pulse, which at times did not exceed fourteen strokes in a minute.]

Under the first or CEREBRAL VARIETY, or where there is little or no appearance of an occasional cause, and the predisponent cause is supposed to exist in the head, the comatose symptoms, and, indeed, the general mischief to the external as well as to the internal senses, are most striking. Yet the effect is even here very different in different individuals. The optic nerve affords severe proofs of this. Sometimes surrounding objects appear brighter or larger than natural, or both. ‡ Yet, in many cases, the irritability of the nerve or its adjoining muscles has been destroyed, and a paresis, more or less general, has been the result. Hence a perpetual nictitation, strabismus, or blindness, is no unfrequent consequence. Yet, in one instance, a most fortunate and directly opposite effect was produced, for an habitual blindness was removed. § Where the muscles of speech have suffered in an equal degree, speechlessness has in like manner followed ||; and, for the same reason, where the joints have been violently affected with a predominancy of rigid over clonic action, they have sunk

* Portal, *Mémoires sur la Nature et le Traitement des plusieurs Maladies*, tom. ii. p. 229. Sometimes the urine and feces are discharged involuntarily; and occasionally there is a discharge of the semen. The hands are generally clenched, and the heart palpitates strongly. The pulse is quick, and respiration short, deep, and irregular. "When the patient wakes from the state of sopor, he has generally no recollection of what has passed, and perhaps, therefore, there is no suffering. The want of recollection of suffering is no proof that there has been no suffering; for we have all suffered enough in cutting our teeth, and we know nothing of it now, and so it may happen respecting more recent events: the fit may be attended with more or less suffering, and yet the individual not be aware of it afterwards; but," says Dr. Elliotson, "I should think there is no suffering, and for this reason, persons do not suffer in general when they are hung. There is an account in Lord Bacon's works of a person who was hung, and all but killed, and yet he did not suffer. There is a short account of Cowley the poet (which is very scarce), from which it appears, that he three times attempted to commit suicide, and one of these attempts was by suspension. The account was written by himself, and found among his manuscripts. He there mentions, that he suspended himself over his chamber-door in the Temple, and became perfectly insensible. He only recollected a flash of light appearing before his eyes. His weight at last caused him to drop on the floor; there he was found, and after a time he recovered. He says, that although he was thus in the jaws of death, and had become perfectly insensible, yet he had no previous suffering; and, therefore, as there was no previous suffering in that state, it is probable that there is no suffering in epilepsy. I should suppose, that in drowning there is no suffering, if it occur at once. Shakspeare's expression is, 'Oh, Lord! methought what pain it was to drown;' but there is no reason to suppose there is pain, if the individual go down and do not come up again; but if he come out of the water, the suffering is dreadful." See Elliotson's *Lectures*, as delivered at the Lond. Univ. — Ed.

† Med. Chir. Trans., vol. xiii.

‡ Bartholin., *Hist. Anat.*, cent. iii. hist. 45. N. Saml. Med. Wahrnem. b. iv. p. 229.

§ Ephem. Nat. Cur., cent. i. ii. obs. 130.

|| Hagendorn, cent. i. obs. 14. Act. Nat. Cur., vol. i. obs. 71.

into an insuperable contraction.* It is hence not to be wondered at, that the whole system should occasionally be nearly exhausted of its entire stock of sensorial power, and that the paroxysm, as observed by Aretæus, should terminate in mania, idiotcy, or even death itself; sometimes instantaneously, and, at other times, through the medium of a fit of apoplexy.†

The warning or precursive symptoms, by which epilepsy is sometimes ushered, have been most common to the second or CATENATING VARIETY. The most usual sensation is that of the ascent of a cold creeping vapour from some particular part of the body, of the nature and cause of which we know nothing, but which has often been called an *aura epileptica*. This halitus usually ascends from the extremities, but there is no organ from which it has not issued in different individuals, according to examples accumulated by the collectors of medical curiosities; as the feet, the hands, the fingers, the thumb, the great toe, the legs, the arms, the hypochondria, the crown of the head. And, in various instances, spots on the face or feet have preceded, and at other times accompanied the paroxysm.

We sometimes meet, however, with other harbingers, of quite as singular a character, in the other varieties; as a heaviness of the eyes, pain, heat, and sparkling, which, by Sir Clifton Wintringham, were regarded as signs that peculiarly distinguish the idiopathic from the symptomatic disease.‡ Sometimes there has been a wild play of phantasms or illusive objects before the sight §:

GEN. VII.
SPEC. III.
α S. Epilepsia
cerebralis.

β S. Epilepsia
comitata.

Aura epileptica.
Makes its ascent from all organs whatever.

Other singular
harbingers.

* Horstius, II. p. 90.

† Aretæus, de Caus. et Sign. Morb., cent. I. 4. The following observations by Dr. Cheyne are replete with practical instruction:—"In our endeavour to determine the species to which a case of epilepsy belongs, we may proceed as follows:—first, we may enquire into the state of the natural functions, the state of the appetite, digestion, and nutrition, and into the condition of the secretions and excretions; then into the state of the nervous system; and, lastly, if the patient is a female, into the functions of the uterus, especially with respect to menstruation. If we are unable to detect any affection of the nerves, any local irritation, or disorder of a remote part of the brain, we may with probability consider the case as a specimen of the *epilepsia cerebialis*. In this conclusion we may repose with more confidence, if we discover that the disease is inherited; that the patient has been liable to vascular congestion in the brain from determination of blood to the head, increased action in the arterial system within the cranium, &c., flushing in the face, throbbing in the temples, epistaxis, vertigo, dulness, or weakness of intellect, tightness across the forehead, headach, false perceptions; that there is any thing peculiar in the form of the head or expression of the countenance; and that the habits of the patient have been such as to produce considerable or long-continued excitement of the brain. Paroxysms of epilepsy, which occur late in life in persons who have had apoplexy, or whose diathesis is apoplectic, rank under the *epilepsia cerebialis*; as also do those cases of not unfrequent occurrence, in which epilepsy almost invariably leads to an attack of insanity." See Cyclop. of Pract. Med., art. EPILEPSY. — Ed.

‡ Ricardi Mead *Monita et Præcepta*, permultis notationibus et observationibus illustrata, tom. i. 8vo.

§ Bartholin., *Hist. Anat.*, cent. I. hist. 81., cent. II. hist. 72. Hagendorn, cent. III. obs. 42. Also, Armstrong's *Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases*, p. 747. 8vo. Lond. 1834. This latter physician knew a patient who married, and then became remarkably dissipated, and used to go to bed intoxicated every night. As he was sitting one day after dinner, he suddenly started from the table in great alarm, and asked his friends if they did not see any writing on the wall. In a few hours he had his first attack of epilepsy, of which disease he ultimately died. Dr. Gregory of

GEN. VII.
SPEC. III.
β S. Epilepsia
comitata.

Singular case
from Vic-
D'Azyr.

γ S. Epilepsia
complicata.

Sometimes
accompanied
with ludicrous
gesticulations :
explained.
Spastic violence
occasionally
such as to
break one or
more teeth or
bones.

and Portius relates the case of a woman, who was always warned of a approaching fit, by the appearance, as it were, of her own image in a mirror.* On many occasions, indeed, as Paulini has rightly observed, there is a peculiar overflow of spirits, and a tendency to merriment, as though the mind were entirely thrown off its balance.† Sometimes the patient exhibits sudden starts of running‡, or dancing§; occasionally he is strangely talkative||; and, in one instance, exhibited a new and peculiar talent for singing.¶ Vic-D'Azyr relates the case of a woman, who had been subject to epileptic fits for twelve years, and which at length became as frequent as four or five times a day. They always commenced with a peculiar sensation in one leg, near the lower part of the gastrocnemius muscle. A surgeon present on one of these accessions, plunged a scalpel into the part affected, which came in contact with a hard body, that he soon cut out, and found to be a dense cartilaginous ganglion, of the size of a very large pea, that pressed upon the nerve which he divided. The woman had no return of epilepsy.** We have already noticed a similar cause of irritation and mode of cure in a case of *neuralgia faciei*; and it is highly probable that, under a slight variation of the nervous erethism in either instance, the one disease would have been substituted for the other.

Under the third or COMPLICATED VARIETY, while many of the limbs are rigidly fixed, almost without relaxation, the muscles of other parts are thrown into the most grotesque and ludicrous gesticulations of chorea; and, if the muscles of the chest be affected in this way, the patient appears in some cases to burst into involuntary fits of laughter from their irregular and clonic action.†† At the same time, such has been the force of the spastic muscles, as to break one or more teeth, to rupture an artery, or render a vein varicose; and in one case, at least, to burst the left ventricle of the heart itself.‡‡

It has been observed, that the epileptic paroxysm occurs chiefly at irregular periods, and is for the most part of short duration.

Edinburgh, used to mention the case of an officer, who, before a fit occurred, always saw an old woman in a blue coat, who approached him, and, with a stick which she held in her hand, knocked him down. Such spectral illusions denote the cerebral variety of the disease. Dr. Armstrong knew a lady who always squinted a day or two before the attack. Op. cit. — Ed.

* *Medicæ Considerationes Variæ.*

† Cent. II. obs. 13. Bresl. Samml. 1724, band. II. p. 434.

‡ Boot. De Affectionibus Omissis, cap. VI. Schenck, obs. I. lib. II. p. 202.

§ Chesneau, lib. I. cap. IV. obs. 4. Eph. Nat. Cur. passim.

|| Eph. Nat. Cur., Dec. II. ann. 6. obs. 229.

¶ Act. Nat. Cur., vol. V.

** Dict. des Sciences Médicales, art. CAS. RARES. In the Edinburgh Med. Essays, there is likewise an instance of the disease being produced by a small hard body in a nerve, at the lower part of the gastrocnemius muscle. The disease had existed twelve years; but, on this body being removed, it entirely ceased. Dr. Curry, of Guy's Hospital, has mentioned an instance, in which the aura epileptica rose from the extremities; yet, after death, a little tumour was found in the head. The case was referred to by Dr. Elliotson in his Clinical Lectures at St. Thomas's Hospital in Dec. 1830. — Ed.

†† Eph. Nat. Cur., Dec. I. ann. III. obs. 304.

‡‡ Johnston, Med. Remarks, &c. vol. II.

There are, however, some instances on record of a singular exception to this rule in both cases: for it has occasionally lasted for two or three days, with little or no remission. It has also returned at stated times, and with great frequency; with the revolution of the morning, or even of the night; in one instance six times in a single day*; and in another, on the revolution of the birthday of each of the patient's parents†: and hence it may occasionally have obeyed lunations, and appeared to be influenced by the phases of the moon‡, while running a regular course from some other cause. In a highly nervous temperament it is not difficult to account for such returns; since the dread of its return alone, when it has once established a circle of action, will form a sufficient source of irritation. In a few instances, it seems to have been hereditary§, and perhaps in an equal number congenital, appearing soon after birth, and mostly produced by a fright of the mother during pregnancy. Hildanus gives an example, in which a fright of this kind was occasioned by the presence of an epileptic patient when suddenly attacked with a paroxysm||: and other medical records contain instances of a like effect on the sudden rush of a hare, or some other animal, against a pregnant woman.

Many persons, habitually disposed to epilepsy, are attacked immediately on waking in the morning from a sound sleep, when we may be inclined to think they would be least liable to such a surprise. Dr. Cullen finds a difficulty in explaining this curious fact. But, when we reflect, that epilepsy is a disease of irregular action, chiefly in a debilitated system, depending, where there is a confirmed diathesis, upon whatever may disturb the balance of perhaps any of the circulating fluids — and that this balance may be disturbed either by too much as well as too little excitement; — when we reflect, moreover, that, during sound sleep, there is always taking place a considerable accumulation of sensorial power, and may at times be an excess of it — we shall no longer, I think, be at a loss to account for an adequate cause of this very singular phenomenon.

The general mode of treatment, proposed for the last two diseases, will apply to the present. The twofold intention is to remove, as far as we are able, the exciting cause¶, and to allay the habitual irritation of the nervous system.

* Tulpius, lib. i. cap. xi.

† Eph. Nat. Cur., Dec. iii. ann. iv. app. 193.

‡ Forest., lib. x. obs. 60.

§ Frid. Hoffm. Diss. de Affectibus hereditariis eorumque Origine. Hal. 1699. App. Suppl. ii. l. p. 523. Abhandlung über die erblichen Krankheiten, &c. von J. Clund. Rongemont. Frankf. 1794. 8vo. In speaking of a certain hereditary predisposition to epilepsy, Dr. Elliotson observes, "you will find this shown, perhaps, not by brothers and sisters, fathers and mothers, grandfathers and grandmothers having had the disease, but by their having had other affections of the nervous system. The same state of the nervous system will frequently not produce the same disease; one shall have epilepsy, and another some other nervous affection. When, however, you see these things in different generations, you may class them together, and consider them as the development of an hereditary predisposition." Lectures delivered at the London Univ., as reported in Med. Gaz. for 1832-3, p. 582. — Ed.

|| Cent. iii. obs. 8.

¶ Dr. Armstrong saw more benefit derived from removing the exciting cause, than from any thing else. As to diet, he says, simplicity in the kind of food, and

GEN. VII.

SPEC. III.

γ S. Epilepsia complicata.

Has occasionally been protracted for two or three days.

Has returned six times in a single day.

Regularity of return how accounted for.

Sometimes hereditary and congenital.

Effects of fright.

Paroxysm not unfrequently takes place on waking in the morning.

Explained.

Mode of treatment.

Intention twofold: to remove the exciting cause, and allay the habitual irritation.

GEN. VII.
SPEC. III.
S. Epilepsia
complicata.
Treatment.
First intention.
Venesection
when useful.
Cathartics:
their beneficial
operation
accounted for.

Oil of turpen-
tine:

how to be
administered
under different
circumstances.
Cold affusion.

Emetics.

External
stimulants.

Where plethora manifestly exists, we may use venesection with great hopes of success, and, generally speaking, more freely than in hysteria.* But here also cathartics will be of considerable avail, and, in the hands of Dr. Hamilton, have been found sufficient alone to produce a cure.† To effect this, they should be used freely and maintained steadily, so as to keep up a perpetual counter-irritation in the bowels; which may act as a revellent against the morbid irritation in any other part, and directly carry off whatever irritating matter may exist in the bowels themselves.

Provided this be accomplished, the particular medicine employed does not appear to be a matter of great moment. Colocynth, gamboge, sulphate of magnesia, and calomel, seem to have been used with almost equally good effects; though in visceral congestion the last should never be omitted. If worms be suspected, and especially the vermicular ascaris, the rectified oil of turpentine should undoubtedly be allowed a preference. Even where worms are not found to exist, this has often proved highly successful, apparently by the revulsive action it excites. As a purgative, it should be given in ounce or ounce and half doses to an adult; but as an alterant in smaller doses repeated daily.‡

Cold affusion, whether general or confined to the head, has been rarely tried in our own country, but is strenuously recommended by many foreign authorities, as well during the paroxysm as in the intervals; particularly by Dr. Löbenstein-Löbel. He employs it, indeed, both in an entonic and atonic state of the frame, only in the former case premising venesection. Under particular circumstances it may be useful, but it requires great caution; for even this writer prohibits it where the patient is subject to gout, rheumatism, diarrhœa, or nervous trepidations; at the period of menstruation, or any other expected discharge, or on repelled eruptions.§

De Haen often employed emetics, and chiefly for the purpose of exciting and maintaining a new action, for which purpose he continued them daily for a week or two. His example was followed at one time, but has long been relinquished.||

Externally, stimulants have also been tried, and, in various in-

moderation in its quantity, is the golden rule. He knew of several cases which were cured by adopting this rule, and avoiding all circumstances which act on the mind and circulation. "A regulated diet," he observes, "occasional blood-letting, if the patient be of a full habit, and purgative medicines, are the remedies upon which I have the most reliance." See *Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases*, p. 754. 8vo. Lond. 1834. — Ed.

* "If there be an inflammatory state within the head, or the patient be plethoric without inflammation, then, certainly, blood should be taken away." Elliotson.

† With the purgative plan, free bleeding and a blister to the nape of the neck may often be usefully combined, as in the case related by Mr. Gunn. See *Edin. Med. Journ.*, No. xc. p. 78. — Ed.

‡ See Dr. Latham, *Med. Trans.*, vol. v. art. xxiii. and compare with his *Treatise on Diabetes*.

§ *Wesen und Heilung der Epilepsie*, &c. 8vo. 1818.

|| *Rat. Med.* Part v. cap. iv. § 1. *Eph. Nat. Cur.*, Cent. vi. obs. 58.

stances, seem to have been attended with good success. The spine has been rubbed night and morning with different preparations of ammonia, camphor, cantharides, and the antimonial ointment *; and setons and issues have been applied to different parts of the body, as have also the actual and potential cautery †, and the moxa. Where the cause of the disease has been suspected to be seated in the head ‡, they have been chiefly confined to this organ, but where there has been a manifest aura epileptica, to the limb or other part of the body from which the vapour has seemed to ascend. And there can be no question, that these means have frequently proved serviceable, especially in preventing the recurrence of subsequent fits, where a habit of return has been established. The practice is of considerable antiquity, for, under some modification or other, it is recommended by Galen, and many other Greek writers. In later times, it has been chiefly employed by Baron Percy § and by M. Gondret. Schenck has examined, at considerable length, the successful and unsuccessful cases which, in his day, had been published upon the use of cauteries. || In several instances, an accidental burn has answered the purpose of a surgical escharotic, and fortunately proved a radical cure. ¶ Professor Zoeffler of Altona, instead of cauterising the limb from which the epileptic halitus seems to ascend, has ingeniously tied a tight ligature above the part whence the vapour issues, probably upon the ground of the success, with which it is often attended in the bite of the rattlesnake and other venomous animals, and, in one or two cases, the ligature seems to have proved quite as favourable in the present disease. **

GEN. VII.
SPEC. III.
Sypspasia
epilepsia.
Treatment.

Accidental
burn of service.
Ligature round
the limb yield-
ing an epileptic
aura.

* See Creighton on the use of Tartar Emetic Ointment in Epilepsy. (Trans. of the Assoc. of Physicians, Ireland, vol. iv. p. 332.) This gentleman applied it also to different parts of the body; and he noticed, that the eruption, produced by it, is not confined to the spot on which the ointment is rubbed, but mostly appears in very remote parts; thus proving, that its action is in some degree on the constitution. — Ed.

† Ab. Heers, *Observ. Var.* Locher, *Observ. Pract.* Roekard, *Journ. de Méd.*, tom. xxv. p. 46.

‡ It is seldom that the seat of the local mischief, which causes epilepsy, in those cases which arise from organic derangements within the head, can be exactly ascertained; and it is not always that, when ascertained, they are within the reach of a surgical operation; yet such cases are on record, and one remarkable instance is related by Dr. Rogers of New York. It was a protracted epilepsy, cured by elevating a portion of the os frontis, which had been depressed upon the brain fourteen years. (See *New York Med. and Physical Journ.*, 1826.) Facts of this kind, and others in which strabismus and other unequivocal signs of affection of the brain take place, are decidedly adverse to Dr. Reid's theory, that epilepsy should be ranked amongst those diseases, to which, what he terms, the spinal system, is liable. (Trans. of Assoc. of Physicians, Ireland, vol. iv. p. 355.) That epilepsy does not always depend upon the state of the spinal cord, is also proved by the morbid changes in the head, frequently revealed by dissections as the cause of the disease. That they are not merely consequences, is shown by the fact, that when removable, as in the case adverted to, the cure follows. At the same time, what is here stated is by no means intended to controvert Dr. Reid's position, that in epilepsy the medulla spinalis is sometimes found in a morbid state, and may be concerned in the production of the disease. — Ed.

§ Pyrotechnie, *passim*.

|| *Observ.*, lib. i. No. ccxxxiii.

¶ *Eph. Nat. Cur.*, Dec. i. ann. ii. obs. 9.

** Speaking of the aura epileptica, Dr. Armstrong confirms the statement of many other writers, that if a tourniquet be applied above the part, the fit will

GEN. VII.

SPEC. III.

Sypspasia

epilepsia.

Treatment.

Second inten-
tion.Sedatives and
tonics.Popular use of
stramonium at
one time :especially in
Sweden.Its immediate
effects.

Hyoseyamus.

Vegetable
tonics.Mistletoe in
popular favour
formerly ;yet without
reason.Bark seldom
of use.

Mercury.

The general irritability of the nervous system has been attempted to be overcome by sedatives and tonics. Of the former, the chief have been camphor, cajuput, valerian, hyoscyamus, stramonium, opium, and digitalis. *Stramonium*, like many other medicines, has had a strange alternation of fortune. About a century ago it was esteemed every thing, half a century ago it declined greatly in its reputation, and has of late been once more rising into esteem. Fourteen epileptic patients in the royal hospital at Stockholm were, many years since, treated with pills of stramonium.* Of these, eight are declared by Dr. Odhelius, in the official report upon this subject, to have been entirely cured, five had their symptoms mitigated, and only one received no relief. The greater number, on first using this remedy, were affected with confusion in their heads, dimness in their eyes, and thirst ; but these symptoms gradually diminished.

Where hyoscyamus has been given, it has been employed both in the leaves and seeds : Dr. Parr preferred the latter, and usually combined the seeds with some aromatics, commencing with doses of a grain, and advancing them to four or five grains. [One or two cases, in favour of the utility of digitalis, are recorded† by Mr. Scott of Liverpool.]

The tonics employed have been both vegetable and metallic. Among the former, the mistletoe of the oak stood at one time at the head of the remedies for epilepsy. It was regarded as a specific by Colbatsch‡, and most warmly recommended by Haller and De Haen.§ It appears, however, of no importance from what tree it is taken, for, as a parasite, it flourishes equally on many, and preserves its own peculiarities on all ; and from every tree, so far as late experiments have been made, it is equally inefficacious and futile.

In plethoric habits, cinchona will generally do mischief ; in the cerebral variety, it can do little or no good ; and it is only in a relaxed and mobile state of the animal frame, that any benefit can be expected from it.

Mercury has been tried in almost every form and to almost every extent ; sometimes, indeed, to that of salivation, in which state some practitioners pretend to have found it highly useful. As a general plan, however, this can never be advisable : and Muralt admits, that, in most cases, where it has seemed to answer, it has only restrained the disease, or prolonged the interval, but not effected a radical cure. ||

frequently be prevented. He adds, " Sometimes, when this has occurred, tumours have been found in the course of the nerves." See Lectures on the Morbid Anatomy, Nature, and Treatment of Acute and Chronic Diseases, p. 748. 8vo. Lond. 1834. — Ed.

* Mém. de l'Acad. Royale des Sciences de Stockholme, traduit par M. Keralio, tom. iii. Razoux, Diss. Epist. de Stramonio, &c.

† See Edin. Med. Journ., No. xc. p. 19.

‡ See also Abhandlung von dem Missel, und dessen kraft wieder die Epilepsie, Altenb. 1776.

§ Rat. Med. Pract., part vi. p. 317.

|| Hippoer. Helvet., p. 247. Dr. Elliotson is of opinion, that there can be no harm in trying mercury and iodine, because there may be some disease in the head, which these will remove. He is not aware that they do good, except in

Of the preparations of zinc we took notice under CONVULSION, and the remarks there offered are equally applicable to epilepsy. Such, however, has been the state of exhausted irritability produced by this disease in some instances, that the patient would bear almost any quantity of them. Mr. Johnson of Lancaster gave the sulphate of zinc in doses of five grains twice a day at first, and increased the dose gradually to twelve grains. Thelenius had previously given eight grains of the same daily.* Arsenic has of late been chiefly employed in the form of the common solution, and, as united with nickel, in the compound of an arseniate.† But the preparations of copper and silver have met with more success than any of the preceding. The best form of the first is that of the cuprum ammoniatum; and the Edinburgh Medical Commentaries are full of cases that afford proof of its remedial power. The simplest mode of exhibiting this medicine is that of pills, as the *pilulæ cæruleæ* of the Edinburgh Pharmacopœia, which is nothing more than ammoniated copper made into a pilular consistence by means of crumbs of bread. The patient should begin with half a grain of the metallic salt every night, and increase it to double the quantity, if his stomach will bear it.

The best, and indeed the common preparation of silver for the purpose before us, is its nitrate. Under a more operose and unscientific form, it was employed as early as the beginning of the seventeenth century by Angelus Sala, and afterwards by Boyle and Geoffrey, though for other complaints rather than the present. Dr. Albers of Bremen has observed, and the remark has since been confirmed by Dr. Roget‡, Dr. Badeley§, and numerous other practitioners, that the use of this medicine, if persevered in, gives a peculiar darkness to the colour of the skin, which remains for many months after its discontinuance, in some cases for upwards of two years.||

Dr. Powell tried the nitrate of silver in St. Bartholomew's Hospital upon a large scale, and in two forms, that of pills and that of solution, the solvent being mint-water, which seems best to cover its unpleasant taste. Many of the cases seem to have been strongly marked, and they are given in a communication to the London College.¶ They relate chiefly to young persons of both

GEN. VII.

SPEC. III.

Syspasia
epilepsia.
Treatment.
Second inten-
tion.

Zinc.

All its prepar-
ations given in
large quantities.

Arsenic: with
nickel.

Copper.

*Pilulæ cæru-
leæ*, Edin.

Silver: its
nitrate: in a
ruder form, of
early use.

Dark colour on
the skin from
the use of the
nitrate of silver.

Employed in
pills and in
solution.

removing the effects of chronic inflammation. See his Lectures, delivered at the Lond. Univ. — ED.

* Medicinische und Chirurgische Bemerkungen. Franc. 1789.

† See a valuable article on this and similar medicines in the Edin. Med. and Surg. Journ., No. xix. p. 374. The following are Dr. Elliotson's observations on zinc, tin, and arsenic:—"The sulphate of zinc has been much praised, as well as the oxide. I have given it in St. Vitus's dance: you may exhibit it in large quantities (sometimes twenty or twenty-four grains), but I never saw it do good in epilepsy. The oxide of tin has been much praised, and so has arsenic; but I have seen persons from taking the latter become epileptic. I do not believe these things are to be depended upon." — ED.

‡ Trans. Medico-Chir. Soc., vol. vii. p. 290.

§ See Epichrosis Pæcilia of this Work, vol. iv. Cl. vi. Ord. III. Gen. x. Spec. vi.

|| On the Effect of Nitrate of Silver, Trans. Medico-Chir. Soc., vol. ix. p. 234.

¶ Med. Trans., vol. iv. art. viii. A case in favour of the nitrate of silver is related by Dr. Williams of Liverpool, though many other potent remedies were also employed, as oil of turpentine, blisters, cold washes to the head, sulphate of zinc, issues, and mercury. Edin. Med. Journ., No. lxxxv. p. 297. — ED.

GEN. VII.

SPEC. III.

Syspasia

epilepsia.

Treatment.

Second inten-
tion.Both modes
highly service-
able.

Exemplified.

sexes from nine to fifteen years of age; in all of whom the medicine proved successful, and is said to have operated a perfect cure. The dose consisted at first of not more than half a grain or a grain of the metallic salt, whether in the form of pill or of solution, given usually every four hours, but this was gradually increased to doses of three or four grains taken at the same distance of time: and the increase was still continued till sickness or some other inconvenience forbade. It is singular, that while the earlier writers complain very generally of the purgative powers of this medicine, and the griping it produces, the modern preparation excites no such effects; not even when it has been carried, as it has occasionally been, to the amount of fifteen grains to a single dose in the shape of pills; though it should be remembered, that few stomachs will bear more than five grains in a dissolved state. Dr. Mc'Ginnis of Portsmouth affirms, that he has employed it repeatedly both in recent and chronic cases, without any perceptible effect, in doses of twelve grains; and M. Georget, who, however, does not seem to be much acquainted with its use, has condemned it, as a medicine dangerous to the coats of the stomach.*

Iron.

Iron, in all its preparations, offers a far less hazardous remedy, and, in some instances, appears to have been attended with considerable success. The best form perhaps is that of the subcarbonate, in the proportion of a drachm three times a day, as already recommended in the case of NEURALGIA; and, thus administered, it has occasionally produced a radical cure.†

Mode by which
tonics produce
benefit in the
epileptic tem-
perament.

All these tonics seem to operate by taking off the tendency to irregular nervous action, and, consequently, the tendency to a return of the paroxysm, where a habit of recurrence has once been established; for, in many instances, such habit alone appears to be as much an adequate stimulus as a similar habit in intermittents: and hence, whatever has a tendency to break through such a habit must have a beneficial effect; fevers themselves of various kinds have often done this‡, and especially quartans, the most obstinate of the whole tribe of fevers; and the above remark explains their mode of operation in this respect: it is that of introducing a new circle of actions.

Causes and
form of the
disease so
complicated,
that the reme-
dies must be
varied to meet
them.

But the exciting causes of epilepsy are so numerous, and the disease itself so complicated, that it would be in vain to expect success in every instance from metallic tonics, or any one description of medicines whatever.§ The remedies must often be

* *Phys. de Syst. Nerv.*, tom. ii. p. 401. According to Dr. Armstrong, the nitrate of silver sometimes stops epilepsy, but most frequently fails. (On the Morbid Anatomy, Nature, &c. of Acute and Chronic Diseases, p. 755.) Dr. Elliotson seldom prescribes it: "if it be not given for a long time," says he, "you will not do good; and if it be given for a long time, you run the chance of blackening the patient." He considers it as a medicine calculated to bring on gastritis and diarrhœa; points on which he disagrees with the author's statements. — *Ed.*

† Dr. Elliotson has never seen iron do good in epilepsy, except as a tonic, when the patient has been improperly lowered. — *Ed.*

‡ Hornung, *Cista Medica*. Norib. 1625. 4to. *Augzüge aus dem Tagebuche eines ausübenden Arztes*, &c. 1 Samml. Berl. 1791.

§ This is a truth, which the practitioner should never lose sight of; for while he is guided by it, he will know what degree of value ought to be attached to various alleged remedies for epilepsy. Professor Elliotson, in his Lectures, after adverting to preparations of copper, iron, lead, zinc, tin, and arsenic, and to

varied to meet the varying case. And, on this account, it is by no means uncommon to find epilepsy removed by oil of turpentine or some other purgative, that had obstinately resisted the most powerful doses of the metallic salts; while, in some instances, the disease is altogether irremediable.*

GEN. VII.
SPEC. III.
Syspasia
epilepsia.
Treatment.
Second inten-
tion.

The disease
sometimes
irremediable.

GENUS VIII.

CARUS.

TORPOR.

MUSCULAR IMMOBILITY; MENTAL OR CORPOREAL TORPITUDE,
OR BOTH.

CARUS or *κάρος*, "sopor cum gravedine," is derived from *κάρα*, "the head," being the organ in which the disease is chiefly seated. As employed in the present arrangement, the genus, signified by this term, will readily include the following species:—

GEN. VIII.
Origin of the
generic term.

narotics, cold affusion, oil of turpentine, &c. as means for the cure of epilepsy, very properly remarks,—"Now all these things may fail, entirely through our not attending to the antiphlogistic regimen. It is possible that cases happen now and then that would yield to some of these remedies; but we neglect to lower the patient. I am quite sure that remedies are completely prevented from doing good, because we do not remove a plethoric state of the system. In some local inflammations, and in many cases of various diseases, it is necessary to lower the system to a certain point, and then remedies, which would not otherwise be useful, become so. The reason that the disease is so generally intractable,—the reason that so many remedies are so uncertain and unsatisfactory,—is very evident. This is a disease, which arises from every sort of irritation in every part of the body; and the irritation may be structural, may be slow inflammation, or something we cannot remove. If it arose from one cause, it would be a different thing; but it will arise from any cause whatever, physical or mental, organic or inorganic, and situated in any part of the body. You will see, therefore, not only that it must be usually an incurable disease, but you will see that *there can be no one remedy for it*." See Elliotson's Lectures, as delivered at the London University, Med. Gaz. for 1832-3, p. 614.—Ed.

* Dr. Reid mentions two modes, in which the convulsions of epilepsy may be stopped. "During the inordinate struggle," says he, "to perform respiration, the practitioner may abstract some of the force applied to the respiratory organs by attracting the exertion in another direction. Thus, while the hands and arms are violently contracted, if the attendants forcibly extend them, and open the fingers, so much exertion is involuntarily made by the patient to oppose this, that the violent operation of the respiratory muscles subsides, the organs fall into their natural train of action, the patient draws a heavy sigh, and the paroxysm is at an end. Any unusual irritation," Dr. Reid adds, "may have this effect." The other mode is to let an assistant press forcibly the soft parts of the abdomen towards the spine with his closed hand. The theoretical explanation of the practice we need not examine, if the plan answer, as Dr. Reid has found it do. See Trans. of Assoc. of Physicians, Ireland, vol. iv. pp. 363—365.—Ed.

GEN. VIII.
Carus.

1. CARUS ASPHYXIA.

ASPHYXY. SUSPENDED
ANIMATION.

2. ——— ECSTASIS.

ECSTASY.

3. ——— CATALEPSIA.

CATALEPSY.

4. ——— LETHARGUS.

LETHARGY.

5. ——— APOPLEXIA.

APOPLEXY.

6. ——— PARALYSIS.

PALSY.

Synonyms.

Torpor preferred to stupor and sopor, and why.

Preferred to insensibility, and why.

Extent of the terms carus and torpor, as employed in the present arrangement.

Carus, therefore, will be found to embrace, under the present arrangement, a field somewhat more extensive than that allotted to it by most other writers, so as to include several of the species arranged by Sauvages under his two orders *Leipopsychiæ*, and *Comata*; to be nearly synonymous with the *Defectivi* and *Soporosi* of Linnæus; and still more so with the *Adynamiæ* of Macbride.

As a generic sign, the author has preferred the term torpor or torpitude to stupor or sopor, which have hitherto been chiefly made use of for the same purpose; and this on two accounts. First, as being of wider signification, since it includes the general idea furnished by both the others; and, secondly, because neither stupor nor sopor has been uniformly employed in a determinate sense of any kind. Thus stupor is often, perhaps usually, restrained to mental insensibility or morbid sleep; while Sauvages has explained it as meaning hebetude of the sense of touch, "*molestia quæ sensum tactû obscurat*;" and Linnæus, transient sleep of any part with a sense of formication, "*sopor transitorius partis alicujus cum sensû formicationis*." In this place, and indeed generally, Linnæus makes *sopor* combine the two ideas of a cessation of motivity and of feeling; or of irritability and sensibility; while Cullen objects, and correctly, to this strained extent of the term, and limits it to the ordinary signification of "sleep, or a sleep-like state." Torpor or torpitude, in the definition of carus now offered, imports insensibility, mental or corporal, in a frame still alive, and actuated, though often imperceptibly, by the vital principle. The term insensibility would not so well answer the purpose; it is of too wide a range, and too loose a meaning, being often predicated of insentient, unorganised matter, that never possessed the principle of life.

Carus or torpor, thus explained, will equally apply to all the species we have just enumerated, some of which are very uncommon, and a few of which have been supposed doubtful; though, upon the whole, the authorities are in their favour, and they ought neither to be omitted nor merged, as they seem to be by Cullen, in the sweeping name of apoplexy; constituting, in his hands, a genus that includes a variety of distinct, and, in some instances, very different diseases; but which, under his own classification, Dr. Cullen found it difficult to distinguish, or place separately.

SPECIES I.

CARUS ASPHYXIA.

ASPHYXY. SUSPENDED ANIMATION.*

TOTAL SUSPENSION OF ALL THE MENTAL AND CORPOREAL FUNCTIONS.

ASPHYXY, from α privative, and $\sigma\phi\upsilon\chi\epsilon\iota\varsigma$, "pulsus," is here used in the general sense of the term, though it has occasionally been employed to import mere failure or cessation of the action of the heart and arteries, which, in the present classification, is made a species of entasia under the name of ACROTISMUS; and has already passed in review as belonging to the second order of the present class.

Asphyxy offers us several varieties, from a difference of occasional cause, which produces a like diversity in a few of its symptoms. Sauvages, who has made the disease a genus, gives us no fewer than seventeen species or subdivisions; Dr. Goodwin contents himself with three, and, denominating the disease *melanæma*, from the black colour which the blood ordinarily assumes under its influence, distinguishes them by the names of melanæma from hanging; from drowning; and from inspiration of fixed air.

Of these, the first arrangement is unnecessarily diffuse and complicated; and the second too limited, and not quite correct, since it will presently appear, that the direct cause of asphyxy in hanging and drowning is one and the same.

The author has, in consequence, been induced to divide the species into the following table of varieties, forming a middle line between the two preceding arrangements, and including, as he hopes, every modification with which it is of importance to become acquainted:—

α Suffocationis. Asphyxy from suffocation.	Produced by hanging or drowning: countenance turgid and livid.
β Mephytica. Choke-damp.	Produced by inhaling carbonic acid or some other irrespirable exhalation: countenance pallid.
γ Electrica. Electrical asphyxy.	Produced by a stroke of lightning or electricity. Limbs flexible; countenance pale: blood uncoagulable.

GEN. VIII.
SPEC. I.

Origin of the specific name: how far connected with acrotismus.

Differently subdivided by different writers.

Melanæma of Goodwin, what.

* The meaning of the term *asphyxia* is often more limited than what Dr. Good has assigned to it; being applied only to cases in which the cessation of the heart's action proceeds from a particular cause, namely, the interruption of respiration, or, to speak more correctly, the interruption of the effect produced by that function on the blood. In this sense, then, asphyxia is the condition of the body consequent to the interruption of the arterialisation of the blood, and attended with a suspension of all the powers of sensation and voluntary motion. See Dr. Roget's Obs. in Cyclop. of Pract. Med., art. ASPHYXIA.—ED.

GEN. VIII.

SPEC. I.

Carus

asphyxia.

α C. Asphyxia
suffocationis.Immediate
cause.

δ Algida.

Frost-bitten asphyxy.

Produced by intense cold. Limbs
rigid: countenance pale and
shrivelled.

In the first variety, or ASPHYXY FROM HANGING OR DROWNING, the immediate cause is suffocation, or a total obstruction to the respiration, and is so explained by Bonet, Haller, Lancisi, Petit, and De Haen.

The face, as we have just noticed, is turgid and suffused with livid blood; and the general symptoms are given with so much truth and emphasis by Shakspeare, in Suffolk's description of the body of Henry VI., that I copy them as a guide to the medical student:

See how the blood is settled in his face!
Oft have I seen a timely parted ghost
Of ashy semblance, meagre, pale, and bloodless;
Being all descended to the labouring heart:
Who, in the conflict that it holds with death,
Attracts the same for aidance 'gainst the enemy,
Which, with the heart, there cools, and ne'er returneth
To blush and beautify the cheek again.
But see! his face is black and full of blood;
His eyeballs further out than when he lived,
Staring full ghastly, like a strangled man.
His hair up-rear'd, his nostrils stretch'd with struggling;
His hands abroad display'd as one that grasp'd
And tugg'd for life, and was by strength subdued.*

Distinctive
symptoms in
hanging and
drowning.

How both
distinguished
from apoplexy.

This description, however, applies more fully to asphyxy from hanging than to that from drowning, in which last there is more flaccidity in the limbs, and consequently less of "struggle and grasp, and tug for life." In both cases, nevertheless, the countenance has a semblance of apoplexy, as though there was a congestion of blood in the head, to which the application of the rope to the neck, in the case of hanging, affords some countenance. And hence many eminent writers of earlier times, as Boerhaave, Wapfer, and Alberti, referred suffocation from both the causes before us to apoplexy; while Cullen made it a subdivision of this last disease: and M. Portal has, still more lately, entered into the same view.† But in apoplexy there is always oppressive, generally stertorous, sleep, which never exists in asphyxy, unless, indeed, the exciting cause has only partially operated, and produced a different disease, or apoplexy instead of asphyxy; affording us a proof of what, in fact, we have noticed in a thousand instances already, that different maladies may issue from the same cause, according to the degree of its violence, or perhaps the accidental condition or constitution of the patient. In asphyxy, wherever we can trace any sign of diseased action, the lungs are chiefly affected; in apoplexy, the brain. In the first, the irritability of the system is sudden and total; in the second, it is progressive and partial. In the former, the patient is often restored after all the common symptoms of death have, for some minutes, perhaps for nearly an hour, fixed upon him: in genuine apoplexy, this is never the case. The appearances on the

* Henry VI. Second Part, Act III.

† Observations sur les Effets des Vapeurs Méphytiques. Nouv. edit. Paris, 1774.

disscction of drowned animals are very accurately given by Dr. Curry, and precisely coincide with the distinction here offered. The vessels of the brain were found, in every instance, free from distention; or any other morbid condition, while the lungs were overloaded.

The author has observed that the immediate cause of asphyxy, or, in other words, an occlusion of the larynx, may be partial, and, in such case, give a tendency to apoplectic symptoms. And in effect, wherever the larynx or glottis is only imperfectly closed, we meet with such a tendency; and it is on this account, that the face of those who die by hanging is more generally turgid, and the muscles give proof of more convulsive action, than the face of those who die by drowning; for in the former case, either from a rigidity in the coats of the larynx, or from the rope not being properly applied, a small current of air is often capable of moving backward and forward for some time, and particularly in suicides, many of whom suffer much before they die, in consequence of applying the rope very bunglingly, and whose cheeks, lips, eyes, and tongue, are peculiarly turgid and prominent. The reason of this may be partly collected from the history already given, in the Physiological Proem to the third class, of the state of the heart in the act of dying. The immediate cause of the contraction or systole of the heart, we observed, has not been satisfactorily settled: but we may safely affirm, that a part of this cause, if not the whole, depends on the change, whatever that change consists in, which takes place in the blood during its ventillation in the lungs, by which it is rendered more active and stimulant; for as this change gradually subsides in those who are in the act of dying, the heart contracts more feebly; and when, with the last expiration of air, it ceases altogether, the heart as instantly contracts no more: the consequence of which is, that the lungs, the heart, and the larger vessels in the vicinity of the heart, are usually found filled with blood, the smaller vessels empty, and the general surface of the body pale. Now whatever has a power of instantaneously cutting off inspiration must necessarily produce the same effect: and hence, as we have already observed, the gorged state of the lungs, and the livid hue of the countenance, in most cases of suffocation by drowning; and, consequently, the only reason why the lungs are not quite so full, and the countenance more turgid, in most cases of suffocation by hanging, is that, from the inexpert manner in which the rope is usually applied, and the necessary admission of a certain portion of air to the lungs, the heart is, for some time, able to contract feebly, and to keep up a feeble circulation, while the pressure of the rope on the jugulars prevents a ready return of the blood from the head, and consequently accumulates it in all the vessels of the face; and hence, the more inexpertly this operation is performed, the more turgid these vessels must become, and the more apoplectic the general appearance.

It is the same, as we shall presently have occasion to notice more fully, with persons who are exposed to the action of carbonic acid gas or other mephytic vapours, so far lowered or intermixed with respirable air as to render them incapable of destroying life instantly; in which cases there has not only been sometimes a feeble prolongation of the circulation, but even a stertorous breathing, and

GEN. VIII.
SPEC. I.
α C. Asphyxia
suffocationis.

Where the occlusion of the larynx is imperfect, there is a tendency to apoplectic symptoms, and why. And hence more so in hanging than in drowning.

Further explained.

Same apoplectic appearance sometimes produced in choke-damp:

GEN. VIII.

SPEC. I.

a C. Asphyxia
suffocationis.

and under the
influence of
various narcotic
poisons.

many other symptoms of apoplexy, of which we shall have to speak further under the next variety.

There are some of the narcotic poisons that seem to act in the same manner. Given in a full dose, they destroy life instantly; but in an under-dose the circulation is continued feebly, and apoplectic symptoms ensue. Thus, according to Mr. Brodie's experiments, infusion of tobacco, when *injected into the intestines*, and the upas antiar, when applied to a wound, have a power of rendering the heart insensible to the stimulus of the blood, and thus suddenly stopping the circulation; while alcohol, the juice of the leaves of aconite, the woorara, essential oil of almonds, whether applied to wounded surfaces or taken internally, produce death by destroying the functions of the brain, while they act only indirectly on the circulation.

Illustrated
from De Haen.

In like manner, De Haen gives one instance of apoplectic signs, discovered on the dissection of a criminal who had been publicly executed by hanging; in which the pia mater was found unusually florid, the vessels of the brain turgid, and some degree of serous effusion had taken place under the tunica arachnoides: but in this case he found, also, that the lungs were equally overloaded, and that the rope had not pressed upon the trachea, but upon the part lying between the scutiform cartilage and the os hyoides, and consequently that the compression had been imperfect.*

Where the
occlusion of
the trachea is
entire, the same
effect always
follows, what-
ever be the
cause.

But, except in cases where the occlusion of the trachea has not been entire, the patient who suffers from asphyxy produced by hanging is as void of apoplectic symptoms as he who suffers the same disease from drowning. In the dogs hanged by way of experiment by De Haen †, and cut down as soon as they were dead, and in those drowned by Dr. Goodwin ‡, there was an equal absence of apoplectic signs; and, in truth, wherever an executioner does his duty completely, the death is too sudden to allow of accumulation as its cause. By the double effect, however, of stopping the circulation, and obstructing the passage of the air, the public punishment of hanging, when dexterously conducted, is probably attended with very little pain. It has been said of late, that another, and indeed a chief, cause of the suddenness of the death, hereby produced, is to be found in a luxation of one of the upper vertebræ. Such an effect may take place at times upon our public scaffolds, on which the hardened criminal jumps from the gallows to produce a rapid result, but it is rarely met with in the private retreat of the more timid suicide.§

Hanging when
dexterously
effected accom-
panied with
but little pain,
and why.

Whether there
be a luxation
of one of the
upper vertebræ.

* Rat. Med., continuat., tom. i. part II. 8vo.

† Abhandlung über die art. des Todes der Ertrunkenen, Ernhenkten, und Erstikten. Wien, 1772.

‡ Connection of Life with Respiration, or an experimental Inquiry into the Effects of Submersion, Strangling, &c. Lond. 1788.

§ The dislocation spoken of is asserted to have happened in certain executions formerly at Lyons, where the executioner used to communicate to the body of the criminal a particular rotatory motion, or twist, at the moment of the fall; but, at St. Bartholomew's hospital, the bodies of numerous criminals executed at Newgate have been dissected, and, though the state of the cervical vertebræ were particularly examined, no luxation was found to have taken place. Respecting the degree of pain experienced by persons who die by hanging or drowning, an interesting quotation from Dr. Elliotson's lectures has been inserted in the form of a note to Dr. Good's observations on epilepsy in the present volume, p. 410.

That a total obstruction to the respiration, moreover, is the chief cause of death in hanging, is clear from the cases in which the asphyxy has been cured by inflation of the lungs after the unhappy wretch has been cut down; and from one or two instances, in which the individual has escaped death from an ossification of the trachea; of which we have a few curious examples in Bonet and Fallopius*; and more particularly from the case of Inetta de Balsham, stated by Dr. Plott in his *Natural History of Staffordshire*: who having been hung, in the reign of Henry VI., according to the due form of law, was cut down alive, after suspension from nine o'clock on Monday till later than sunrise on the ensuing Tuesday; in consequence of which she received the king's pardon. Dr. Plott ascribes this extraordinary escape to an ossification of the larynx. "She could not," says he, "be hanged, upon account that the larynx or upper part of her wind-pipe was turned to bone."†

It has hence been occasionally proposed to save a criminal condemned to the gallows by introducing a silver cannula into the trachea. It is commonly reported that such an attempt was in agitation among the friends of the unfortunate Dr. Dodd, but we have no reason to believe it was actually tried.

The following experiment, however, as related by Dr. Curry, is almost demonstrative as to the immediate organ through which the attack of death is received in hanging. It was performed at Edinburgh, many years ago, by the senior Dr. Monro, and, in the language of Dr. Curry, "clearly proves that the exclusion of air from the lungs is the immediate cause of death. A dog was suspended by the neck with a cord, an opening having been previously made in the wind-pipe, below the place where the cord was applied, so as to admit air into the lungs. In this state, he was allowed to hang for three quarters of an hour, during which time both the circulation and breathing went on. He was then taken down without appearing to have suffered much from the experiment.‡ The cord was now shifted from above to below the opening made into the wind-pipe, so as to prevent the ingress of air into the lungs, and the animal being again suspended, he was completely dead in a few minutes."§

* Bonet., lib. vii. sect. xii. obs. ii. Fallop., tom. i. obs. vi.

† Hist., p. 292.

‡ A case is recorded by Dr. Mahon, in which this expedient was tried by a criminal for the purpose of preventing the fatal interruption of respiration by the cord. (*Méd. Légale et Police Méd.*, tom. iii. p. 62.) In the beginning of the last century, a butcher, named Gordon, was condemned to be hanged at the Old Bailey for highway robbery. Having amassed a great deal of money by his dishonest practices, he tempted a young surgeon, by the offer of very high remuneration, to make an opening low down in the trachea, and then pass a small cannula into it. This was secretly accomplished previously to the execution. After the body had been suspended the usual time, it was taken down, consigned to the relations, and quickly removed to a neighbouring house. The surgeon immediately took some blood from the jugular vein, and tried every means calculated to restore animation. Gordon opened his eyes, gave a deep sigh, but expired a few minutes afterwards. The failure was attributed to the great weight of the body, which increased the violence done to the parts compressed by the rope. — *Ed.*

§ Observations, p. 71. It was first clearly proved by Bichat, that the primary effect of the circulation of venous blood is on the brain, and that this effect extends, through the medium of the same organ, to the whole nervous system. On this subject the following reflections by Dr. Roget are judicious: — "The first,

GEN. VIII.

SPEC. I.

α C. Asphyxia suffocationis.

Victims of the law why sometimes recovered after being cut down.

Examples.

Whether possible to save life by a silver cannula.

Decisive experiments of Monro.

GEN. VIII.

SPEC. I.

α C. Asphyxia
suffocationis.

Whether in
asphyxy from
submersion
water rushes
into the lungs,
and obstructs
the breathing?

Asphyxy from submersion has been very generally accounted for, even by many who have regarded it as an effect of suffocation, by supposing the suffocation produced by a rush of the water into the cavity of the lungs, which prevents the access of air, and consequently of respiration. This idea, first, perhaps, advanced by Galen, has been in modern times adopted by Haller, Goodwin, Pouteau, and indeed most physiologists, and attempted to be supported by various experiments on drowned eats. It is now well ascertained, however, that, in many cases of death from drowning, not a drop of water enters into the lungs; that where it does enter, the quantity is, for the most part, very small; and that, whether

in point of time, in the series of phenomena, consequent upon the suspension of the arterialising process, is the affection of the brain. Were this the sole effect directly produced by the want of oxygen, or superabundance of carbon in the blood, then might asphyxia be ranged under the head of apoplexy; and the subsequent failure of the circulation would be a consequence of the impaired energy of the nervous powers, which maintain the energy of the heart. But this can scarcely be admitted to be the sole cause of death; because the motion of the heart in asphyxia is arrested much sooner than it ever is in simple apoplexy. We find, indeed, that in the latter disease the heart continues to beat for many hours, or even days, after the destruction of the faculties of sensation and consciousness; and it appears at length to stop principally in consequence of the cessation of breathing, which always takes place when the abolition of the powers of voluntary motion has proceeded a certain length. So that, in fact, it may more properly be said, that apoplexy proves fatal by inducing a state of asphyxia, than that asphyxia is merely a species of apoplexy, as it has been erroneously classed in some systems of nosology." (Dr. Roget in *Cyclop. of Practical Med.*, art. ASPHYXIA.) While this physician admits, that a paralytic affection of the pulmonary capillaries, rendering them incapable of transmitting blood through them, is one of the principal causes of the cessation of the heart's action, he considers it very probable, that the diminution of its energy, occasioned by the circulation of venous blood through its substance, contributes, in a great degree, to the same effect. Dr. Roget does not, however, entirely adopt Bichat's views of the latter point. "The cessation of the action of the heart," says he, "was accounted for by Bichat on the supposition that it was itself paralysed by the deleterious qualities of the venous blood, which, by entering the coronary arteries, penetrated its muscular substance, and destroyed its irritability. If we were to admit this doctrine, however, this obvious difficulty would present itself in accounting for the renewal of the contractions of that organ on the re-establishment of respiration; namely, that the very power to which it must owe the restoration of its irritability, by the propulsion of fresh arterial blood through its vessels, has, on this hypothesis, been itself destroyed; and, therefore, the means of recovering it do not exist. Resuscitation from asphyxia would, if this were true, be impossible. But, since daily experience shows us, that the heart may be made to renew its contractions even some time after they have ceased, we are forced to conclude, that that organ still retains, under these circumstances, a considerable share of irritability, ready to be called into action when a proper stimulus is applied. On the renewal of the action of the pulmonary capillaries, by which means a fresh supply of arterial blood is poured into the left auricle and ventricle, these cavities are urged by their appropriate stimulus again to contract and renew the circulation. Arterial blood being thus again diffused over the system, imparts its vivifying influence to all the organs; their suspended functions are resumed, and animation is restored." (See *Cyclop. of Pract. Med.*, art. ASPHYXIA.) In confirmation of these views, Dr. Roget refers to the experiments of Dr. Kay (*Edin. Med. and Surg. Journ.*, vol. xxix.), and of Dr. Edwards (*De l'Influence des Agens Physiques sur la Vie*, part i. chap. i., and part iv. chap. iv.), which tend to prove, that when venous blood is made to circulate through the substance of muscles, it contributes to support their irritability in a certain degree, although less effectually than arterial blood. — Ed.

small or large, it passes the trachea after death instead of before it, and consequently cannot be a cause of death.

The immediate cause, as in the case of suspension, is suffocation. The glottis is extremely irritable: the access of the surrounding water produces a rigid or entastic spasm upon its muscles; and the rima is as completely closed against the entrance of air, as in the case of a cord round the throat. And hence, the suffocation often produced by a very small substance of any other kind accidentally thrust into or stimulating its aperture, as a minute crust of bread, a hair or blade of grass, a peach or even a grape stone; to which last Anacreon is well known to have fallen a victim.

How long the living principle may, under these circumstances, remain attached to the animal frame, and afford a chance of recovery, is not ascertained, with any degree of accuracy, even in the present day; and the answer to the question must, in a considerable measure, depend upon the degree of irritability, or perhaps the idiosyncrasy, of the individual. Mr. Brodie is reported to have asserted in his Lectures before the College of Surgeons, that "when the action of the heart has ceased after the suspension of the breathing, or even has become so feeble as no longer to be able to maintain the circulation, it can never be restored by *artificially* inflating the lungs." This may be true: but we have innumerable proofs of a *natural* restoration of both these organs to healthy action after such action has ceased for many minutes; perhaps for many hours in *Catalepsia* or *Trance*.

It has been known, however, from a very early age, that torpitude from drowning may be induced and continue for some minutes, without much danger: since this, as we have already observed, was a common practice among the Greeks and Romans for the cure of *lyssa**; and was carried by Van Helmont so far, that he would not suffer the individual to be raised from under the water till the psalm *Miserere* had been solemnly chanted, which was the measure of time he allowed. If the submersion have not exceeded five minutes, and no blow against a stone, or other violence have coincided, persons will usually be found to recover without much difficulty. After a quarter of an hour, recovery is not common; and after twenty minutes or half an hour, it is nearly hopeless. Divers, from habit, are able to remain under water for three minutes; but, according to Dr. Edwards of Paris, this is the longest period.† Young animals require less change of respirable air than those that are old. Dr. Edwards has known puppies live under water fifty-four minutes, though their voluntary motions had ceased in four minutes alone.

The first report of the establishment for the recovery of drowned persons, at Paris, divides the cases that had occurred to it into three classes, the first of which includes those that were restored to life, and comprehends twenty-three instances. Of these one recovered after having been three quarters of an hour under water; four after having been half an hour, and three after a quarter of an hour; the rest after a still shorter period.‡ Of twelve dogs,

GEN. VIII.

SPEC. I.

a C. Asphyxia suffocationis.

Glottis how necessarily closed in submersion.

Further illustrated.

How long life may be restored after hanging or drowning; during suffocation dependent on various circumstances.

Submersion generally recovered from if not more than five minutes.

Sometimes if a quarter of an hour: rarely if twenty minutes or half an hour.

Illustrated.

* Vol. iii. Cl. iv. Ord. iii. Gen. 1. Spec. viii.

† De l'Influence des Agens Physiques sur la Vie, &c. Paris, 8vo. 1824.

‡ Détail des Succès de l'Etablissement que la Ville de Paris a faite en faveur des Personnes Noyées, &c. Paris, 1773.

GEN. VIII.

SPEC. I.

α C. Asphyxia
suffocationis.

About one in
sixteen recover,
of those that
are drowned
accidentally.

Some relations
of recovery
wonderful
beyond cre-
dibility.

Experiments
of Edwards on
frogs, &c.

Important
results,

in respect to
temperature :

in respect to a
direct contact
with the atmo-
spheric air.

drowned by De Haen for the purpose of experiment, not a single one was recovered, though only confined under water for a few minutes. It is very possible, however, that, in these cases, the force necessary to keep them submerged, may have considerably added to the extent of the mortality. Among mankind, where no such force is applied, this eminent physiologist conceives, that one in sixteen is no unfavourable average of the portion that recover.*

There are cases, indeed of recovery from drowning after a submersion of some hours ; but these are rare and wonderful, and some of them altogether incredible : for we have histories of recovery after eighteen hours †, four and twenty hours ‡, and even three days § ; while some of the retailers of the marvellous have stated intervals of fifteen days, and in one instance, related with much gravity, not less than seven weeks. || From all which, however, we may at least learn the useful lesson of the necessity of redoubling our exertions when called upon for medical aid, and not of despairing very early.

Dr. Edwards of Paris instituted some singular experiments on the Batrachian amphibials (*reptiles* of the Linnéan system), and especially on frogs and salamanders, to determine how long the living principle may continue in a state of asphyxy, which afford some light on the subject before us in at least two important points. He has first clearly ascertained, that the rapidity of death depends very considerably upon the temperature of the water in which the experiments are made, compared with the actual temperature of the medium in which the animal has been living for some time antecedently : for that frogs, taken in November from an atmospheric temperature of 50° and immersed in water of the same temperature, lived from five hours and ten minutes to eleven hours and forty minutes, being double the length of time they lived in water of the same temperature in summer. Whence it is probable, that the relative speed or tardiness, with which a man dies in submersion, depends partly upon the temperature of the atmosphere in which he has lived for several preceding days, compared with that of the water at the time of the accident. And, secondly, he has satisfactorily established, that frogs and salamanders, deprived of the heart, continue to live for a longer period in the air, than in water whose air has been withdrawn from it. At the end of four hours, the salamanders, which were in the water, appeared to be dead, though they manifested some degree of activity on being pinched or agitated. At the end of nine hours, however, they were all entirely void of living power ; while those, which were retained in the air, lived for twenty-four or twenty-six hours. The frogs lived four hours under the water, and five out of it. The experiment was varied by suffocating other reptiles of the same kind, their heads being closely tied up in a piece of bladder, instead of cutting out their hearts ; and the result was in every instance

* Rat. Med. Cont., tom. i. part II.

† Pechlin, De Aëris et Alimentorum Defectu et Vita sub Aquis. Kiel, 1676. 8vo.

‡ Lepi, Submersos per 24 horas vitam protrahere posse. Rom. 1670.

§ Eph. Nat. Cur., dec. i. ann. vi. vii. obs. 20.

|| Id., Obs. 125. 130. 192.

consentaneous. Dr. Edwards hence concludes, and the conclusion seems well supported, that air has an influence on the economy of animals, independently of its action through respiration; and that this influence is probably exerted through the medium of the skin.* And we may hence see why recovery from hanging is more frequent, than from drowning, under like intervals of protraction.

Unfortunately we have no means of determining whether the vital principle lies latent in the body or has utterly dropped its connection. Want of heat is no more to be relied on than cessation of the pulse or of breathing: for while in submersion, heat, in consequence of its rapid absorption by the surrounding elements, is one of the first properties of life that disappears, whether the patient recover or not; in death, from convulsions and various other sudden causes, it often continues for hours, and sometimes even for days after the event, cheating the by-standers with an empty and unfounded hope of a restoration never to take place. The present author was a few years since sent for in haste, to a female domestic of Mr. Salmon of Mecklenburgh Square, who however died under a convulsion-fit before his arrival. In the evening, nearly twelve hours afterwards, he was again requested to attend, as, notwithstanding the body had been laid out from the first and merely covered with a sheet, it still possessed a considerable degree of warmth. He was sorry to repress a hope which he found fondly and highly cherished, but the symptom was illusive, and the heat gradually disappeared. On the decease of a robust and corpulent lady, whom he also attended in Bedford Row, and who died of a spasmodic asthma, this symptom continued, or rather showed itself afresh, eight and forty hours after death, so that the author was requested to attend at the time the body was on the point of being put into the coffin. In this case, the heat was produced by putrefaction; for the body was livid and offensive. Bartholine has an example or two of the same kind; and the Ephemerides, among other cases less marvellous, one in which the heat is said to have continued till the fourth day after death: and which should no doubt fall within the solution just given.†

As heat has occasionally maintained itself for hours after death, so also has perspiration. Paullini mentions a case, in which tears flowed from the eyes‡; Riedlin another, in which the eyes themselves recovered their brightness§; and Hagendorn a third, in which the face swelled and looked red.|| In all these cases, we have proofs of a lingering of the irritable principle in particular parts after the sentient principle has totally disappeared. And hence, in a few instances, some of the muscles have been thrown into irregular action, the penis has become erect¶, the jaws have opened and shut, as though masticating**; and, as is well known, the heart, when dissected from the pericardium, has leaped from the table.

GEN. VIII.
SPEC. I.
α C. Asphyxia
suffocationis.

No positive means of determining whether the vital principle be latent or has dropped its connection with the body.

Further illustrated.

Perspiration and other secretions sometimes produced after death.

Explained.

* Mémoires sur l'Asphyxie considérée dans les Batraciens. Paris, 1817; also, De l'Influence des Agens Physiques sur la Vie, &c. Paris, 8vo. 1824.

† Eph. Nat. Cur., dec. ii. ann. iv. obs. 18.

‡ Cent. iii. obs. 10. Franc. 1698. 8vo.

§ Lin. Med., 1696, p. 203.

|| Cent. iii. obs. 46.

¶ Eph. Nat. Cur., dec. i. ann. ix. x. obs. 34. 158.

** Commenc. Nor. 1732, pp. 82. 90. 173.

GEN. VIII.

SPEC. I.

α C. Asphyxia
suffocationis.

Medical
treatment:
warmth:
inflation of the
lungs:
friction and
stimulants.

Means of in-
flating the
lungs.

Stimulating
injections.

Stimulants to
be conveyed
into the
stomach, and
how.

Ventriculi
excutia, or
stomach-brush,
what.

Phosphorus.

Venesection
when advisable.

In attempting a CURE of suffocation BY SUBMERSION, the two grand means, by which we are to operate, are those of warmth and inflation of the lungs. The body should be quietly conveyed to a warm and dry situation, and rubbed all over with moderate stimulants, as diluted flower of mustard, or the warmer balsams; while the nostrils are plied with ammonia, and the eyes exposed to a strong light.* But a restoration of the action of the lungs is chiefly to be aimed at; and for this purpose, a full expiration of warm air from the lips of a by-stander should be repeatedly forced into the patient's mouth, and his nostrils held close to prevent its escape by that channel. Inflation may also be attempted by a pair of common bellows; or, which is far better, if it can be readily procured, by a pair of bellows communicating with a pipe introduced into the larynx, or, as some have recommended, into an aperture made between the rings of the trachea. Stimulating injections of acrid purgatives, or camphor, ammonia, and brandy, or other spirits, have often been introduced with success into the rectum, and sometimes injections of warm air alone; and it would be better that the air introduced into the lungs should be also moderately warm. Besides this active process, it may be possible to convey some warm and cordial stimulant, as ammonia, or the compound spirit of lavender, into the stomach by means of a syringe; or what may probably in this case answer better, by a piece of sponge, impregnated with one of these, fixed to the end of a small rod of whalebone. In the Berlin Transactions is recommended the use of a *ventriculi excutia*, or stomach-brush, to produce internal friction in the same manner.

There is no family of discases, in which the internal use of phosphorus seems to promise more success. The German physicians have employed it very generally in the last ebb of typhous fevers, in apparent death from convulsion †, and in most cases in which the nervous power has been suddenly annihilated. It is one of the most powerful stimulants we know, and in asphyxy should be given to the amount of two or three grains for a dose, dissolved in ether. ‡

Venesection, and especially that of the jugular vein §, has been

* The Humane Society, in their Report for 1831, very properly recommend the wet clothes to be immediately taken off, and the body to be wiped, cleaned, and wrapped in dry clothes, or blankets, so as to prevent evaporation, and the effects of exposure to a cold medium. The body should then be carried in the recumbent posture on the back, with the head and breast raised. As soon as it has arrived in the room for its reception, it should be stripped and covered with warm blankets. If the mouth and nostrils be obstructed, they must be thoroughly cleansed. The lungs are then to be inflated, and dry warm flannels, bags of warm grains, or bottles or bladders of warm water applied to the epigastrie region, the soles of the feet, and other parts of the body. Bleeding ought never to be employed in this stage of the process; though it may become necessary when the circulation has returned, and a re-action has taken place. — Ed.

† De Phosphori, loco Medicamenti ad sumpti, virtute medicâ, &c. Anat. J. Gabi, Mentz.

‡ With regard to stomach-brushes and stomach-mops, the editor coincides with Dr. Roget in thinking the proposal of them altogether extravagant. (See Cyclop. of Pract. Med., art. ASPHYXIA.) The commendations also bestowed on the virtues of phosphorus in asphyxy are not entitled to any confidence. — Ed.

§ Jo. Wences Naetigal, Dissertatio de Submersis. Vindobon. 8vo.

strenuously recommended by physicians of high authority; and, wherever there is reason to believe, that the drowning has followed a sudden fit of apoplexy, the recommendation is rational enough, provided it can be practised with effect. But, commonly speaking, it is advice to no purpose, for the blood will not flow; and, in other cases, if it would, such depletion, we have reason to believe, would do more injury by weakening, than good by removing what is erroneously supposed to be congestion. It may occasionally, perhaps, be serviceable as soon as the living powers begin to show themselves, but it is rarely to be tried in the first instance.

Returning life is first usually discoverable by the symptoms of sighing, gasping, twitching, or subsultus, slight palpitation, or pulsation of the heart; in effect, by a weak or clonic action in most of the organs. Our efforts should here be redoubled, for the feeble spark still requires to be solicited, and nourished into a permanent flame—and has often disappeared from a relaxation of labour. A spoonful or two of warm wine, or wine and water, should now be given by the mouth as soon as the power of swallowing is sufficiently restored; which should be shortly succeeded by a little light, warm, and nourishing food of any kind, with gently laxative clysters, a well-heated bed, and perfect tranquillity.

I have dwelt the longer upon this subject, because the general principles of the remedial treatment, here recommended, apply to most of the other varieties under which asphyxy or suspended animation is to be traced; and the reader, who is desirous of following the operative plan into a still minuter detail, will do well to consult Dr. Cullen's letter to Lord Cathcart, the president of the Board of Police in Scotland, concerning the recovery of persons drowned and seemingly dead, an able extract of which is given in the Medical Commentaries of Edinburgh.* We may observe, however, that in attempting the recovery of those who have been hung, and particularly who have inexpertly hung themselves, bleeding from the jugulars may be more frequently found necessary, than in attending the drowned, since in the former, as we have very fully observed above, there is a greater tendency to apoplectic symptoms than in the latter: yet, even here, the quantity abstracted needs not be large.

In the SECOND VARIETY of asphyxy, or that from an inhalation of irrespirable auras, death in many cases takes place instantaneously; and, consequently, for reasons already advanced, the general surface of the body, and even the countenance itself, is pale.† Yet as the gas is often in some degree diluted with atmospheric air, the circulation, and even the breathing, are occasionally continued for some time in a feeble and imperfect state, and the asphyxy is united with symptoms of apoplexy, or genuine apoplexy takes place in its stead. In Cornwall and other mining regions, these gases are vulgarly called *damps*, from the German *dampff*, "a vapour or exhalation."

The direct effect of such gases, when in a concentrated state, is utterly and instantaneously to destroy the irritability and sensi-

GEN. VIII.

SPEC. I.

α C. Asphyxia suffocationis.

Treatment.

Signs of re-
turning life,how to be en-
couraged.Same treatment
applicable to
most of the
modes of
suspended ani-
mation.Other direc-
tions to be
found in Cul-
len's letter to
Cathcart.β C. Asphyxia
mephytica.Surface of the
body mostly
pale, and why.Sometimes
combined with
apoplectic
symptoms,
and why.Meaning of
choke-damp.By what means
the inhaled
vapours prove

* Vol. iii. p. 243.

† Brukser von den Ungewissheit der Kennzeichen des Todes.

GEN. VIII.

SPEC. I.

β C. Asphyxia
mephytica.

instantaneously
destructive, not
very clearly
ascertained.

Difficulties at-
tending the
hypothesis of
absorption.

Apparently a
total abstrac-
tion of both
sensitive and
motific power.
Gases most
deleterious.

Deadly halitus
from putre-
fying graves :

its instant
operation.

Carbonic acid
gas most com-
mon : where
chiefly found.

Prevented by
its weight from
escaping easily;
and undiscern-
ible by smell.

bility of the nervous system, of which we have examples perpetually occurring in persons who ineautiously descend foul beer-casks, or the shafts of mines. By what means, however, such exhalations when they have penetrated the lungs become so rapidly communicated to the nervous system as to prove instantly destructive, we do not seem to be very well informed. Absorption would be the most ready way of accounting for it; but, till the objections, thrown out by Mr. Ellis against an absorption of oxygen or any other gas by the lungs, and which we have noticed in the Physiological Proem to our second Class, are more satisfactorily replied to, than they appear to have been, it is an hypothesis that can hardly be allowed. In the case of hanging or drowning, it does not seem to be owing to a direct want of irritability that the heart ceases instantly to contract, but, as we have already remarked, to its being deprived of the necessary stimulus, which is no longer afforded by the lungs, however they may act, in providing it. Yet, in the present case, there seems to be not only a cessation of action, for want of a proper stimulus, but a total abstraction of both sensitive and motific power; and this as completely in one part of the frame as in another.

The gases of the description before us, that are found most fatal, are the carbonic acid, hydrogen, nitrogen*, and several of a more compound kind, which are thrown forth from putrefying animal and vegetable substances, and especially from cemeteries, on opening fresh graves, in which the process of decomposition is proceeding rapidly, and the concentrated effluvium bursts forth with an intolerable stench. Of the powerful effects of this last exhalation, Fourcroy has furnished us with a very particular and striking account from the narration of grave-diggers examined for the purpose: from which it appears, that those who are immediately hanging over a corpse, whose abdomen is accidentally penetrated by a pick-axe, often fall down instantly in a state of senselessness and apparent death, while persons who happen to be at a little distance, and receive the exhalation in a form diluted with atmospheric air, are attacked with nausea, vertigo, faintness, and tremors, which continue for some hours.

The most common of these gases is the carbonic acid, which is chiefly found in the guise of a torpefying vapour in close rooms where charcoal has been burnt, at the bottom of large beer-casks, or of wells, and in many natural caverns in the earth's surface. Its weight prevents it from escaping readily, even where there is an accession of atmospheric air; and its want of smell, when pure, prevents it from being detected otherwise than by its effects. As it will not support flame, the common and easiest test, where it is suspected to exist, is that of a lighted candle, which is well known

* From the experiments of Sir Humphry Davy, it would seem that hydrogen and azotic gases have no positively injurious operation on the system. The voluntary respiration of them for a short time is unattended with danger. The deviations from this result, occasionally noticed, are ascribable to an admixture of other gases, particularly that of carbonic acid. The phenomena exhibited by animals confined in hydrogen or azotic gas are those of simple asphyxia. They are not killed at once by any actively deleterious principle of such gases, as they are when carbonic acid gas, carburetted hydrogen, and certain other kinds of air enter the lungs. — ED.

to be extinguished immediately, if this gas be present in a quantity sufficient to be injurious to respiration.

Nitrogen and hydrogen, when pure, have probably as little smell as carbonic acid gas; but they are generally combined with other gases, sulphur, carbon, or phosphorus. The first, formerly denominated phlogistic air, and sometimes mofette, is thrown forth largely during the decomposition of animal matter, and in a small degree during that of vegetable matter. Combined with hydrogen, it forms ammonia; with oxygen, nitric acid. Fourcroy asserts, that it possesses a peculiar and distinct odour, resembling that of fishes just beginning to putrefy; but this is probably at all times produced by its combination with other materials. It seems chiefly concerned in giving the greenish colour to parts, and especially muscular parts, in a putrid state. In some gases of this kind, a candle will burn freely.

Hydrogen issues also from fecal matter, and, in combination with sulphur, phosphorus, and carbon, produces the chief part of the nauseating and putrid stench thrown forth from decomposing animal and vegetable substances. It is emitted in a much purer state from the sides of coal and metallic mines, and often exists in considerable abundance without being perceived by the nostrils. If mixed with an equal proportion of oxygen, it may be breathed for about an hour without any great inconvenience. If inhaled beyond this time, or in a more concentrated form, it has a great tendency to occasion the effects we have just noticed, lower the irritability of the animal frame, and induce stupor or an inclination to sleep.

The fumes of mercury, lead, and some other metallic substances, when highly concentrated, seem to operate not very dissimilarly to those of charcoal, and give a check to the mobility of the nervous power at once.

The fumes of charcoal are generally inhaled in a diluted form, but they are still highly deleterious, and produce asphyxy more or less complete, according to their degree of concentration, and in some cases according to the strength or weakness of frame of those who are exposed to them. We have a striking illustration of this in the case of two persons communicated by Dr. Babington to the Medico-Chirurgical Society, who had gone to bed in a room in which a charcoal fire was kept up through the whole of the night, with the gas of which the surrounding atmosphere was strongly impregnated. According to the principle we have endeavoured to establish, we ought here, from the dilution of the vapour, to expect, that whatever tendency there might be to asphyxy would be united with a tendency to apoplexy. And such we find to have been the fact; for, of these two persons, the younger and less vigorous, a boy of thirteen, died apparently during his sleep, and without commotion; while the elder and more robust, a man of thirty-eight, was found, upon being called in the morning between six and seven, in an apoplectic state, with a swollen, projecting tongue, suffused and prominent eyes, and laborious breathing.*

* The power of resisting the effects of carbonic acid gas is suspected to be less in youth than in more mature age. The boy, referred to in the text, was found completely dead; but the man eventually recovered. A similar case is

GEN. VIII.

SPEC. I.

§ C. Asphyxia mephitica.

Its best test whether it will support or extinguish flame.

Nitrogen formerly phlogistic air.

Whether it possess a specific odour.

Hydrogen, its offensive odour in combination with other materials.

How far respirable.

Metallic fumes.

Fumes of charcoal operate differently according to their degree of concentration or other circumstances.

Illustrated.

GEN. VIII.

SPEC. I.

β C. Asphyxia
mephitica.

Treatment of
this modifica-
tion of asphyxy.

Voltaic elec-
tricity, how to
be applied.

Division of the
jugular vein
how far ad-
visable: bron-
chotomy, and
scarification.

Affusion of
cold water.

γ C. Asphyxia
electrica.

How operates.

Effects alike in
animals under
every like de-
gree of inten-
sity, whatever
the form em-
ployed.

The patient, if any degree of sensibility remain, should in this variety be freely exposed to the open air, instead of to an heated atmosphere, as in the preceding: and, if he can swallow, acidulated liquids should be given him. If insensible, cold water should be dashed on his face; strong vinegar, and especially aromatic vinegar, be rubbed about his nostrils, and held under them, and stimulating clysters be injected, as recommended under the first variety. The lungs should be inflated with the warm breath of a healthy man, or, which is better, with oxygen gas.

A proper use of voltaic electricity is also in many instances found highly serviceable. No advantage, however, is likely to accrue from passing the electric aura across the chest, directly through the heart and lungs, which is a common practice. The fluid should be transmitted along the channel of the nerves, from the seat of the phrenic nerve in the neck, to the seat of the diaphragm, or that of the par vagum immediately under the sternomastoid muscle, and that of the great sympathetic nerve, which send forth branches to the heart.* In Dr. Babington's case, the application of voltaic electricity surprisingly increased the power of the muscles of respiration, but appeared rather to diminish the action of the heart. It was hence used alternately with a forcible inhalation of oxygen gas, and various external stimulants. Venesection was tried, but does not seem to have been beneficial. The man recovered in a few days.

M. Portal recommends opening the external jugular vein; but the blood will rarely flow from any vein, and is still more rarely succeeded by any advantage, even where it is obtained. And, if every other remedy fail, he advises bronchotomy, and a scarification of the feet and hands.†

Thesprinkling or dashing of water upon the body seems to be useful, by having a tendency to rouse the vessels on the surface to contract.‡

In the THIRD, or ELECTRIC VARIETY, the whole system appears to be not so much rendered inirritable to stimulants, as to be suddenly exhausted of its entire stock of nervous power, like a Leyden phial upon an application of the discharging rod; in consequence of which the limbs are flexible, the countenance pale, and the blood uncoagulable. The mode in which the electricity is communicated is of little importance; for, if sufficiently powerful for the purpose, real or apparent death is instantaneously produced, whether the stroke flow from lightning, an electric battery, or a voltaic trough.

reported by Bourdon, of a woman thirty-five years of age, who resolved to destroy her own life and that of her daughter, a child five years old. (*Principes de Physiologie Médicale*, partie ii. p. 650.) Having shut herself up with the little girl in a closet, with a large brasier of burning charcoal, the bodies were afterwards found extended on the floor. The mother was soon restored; but no means were of any avail for the recovery of the child. — *Ed.*

* Greg. Consp. Med. Theor. Hüfeland, Diss. usus Ver. Elect. in Asphyxiâ. Goet. 1783.

† Obs. sur les Effets des Vapeurs Méphytiques sur les Corps de l'Homme, &c. nouv. edit. Paris, 1774.

‡ Throwing cold water on the face and breast is well known to have considerable influence in dispelling syncope. The dogs, which are made the subject of experiment at the Grotto del Cane, are usually plunged into a neighbouring lake, as a means of promoting their recovery. — *Ed.*

Upon plants, on the contrary, we often find a stroke of lightning of the same intensity occasion very different effects in different kinds or branches of the same plant, in consequence of the variety they exhibit as conducting powers. Upon some, it descends without mischief; in others, it exhausts itself on particular parts, which are withered, as though attacked by a hemiplegia. In the *betula alba*, or common birch, it never runs along the stem, but confines its stroke to the top alone, beating off the boughs in every direction.

In animal life, however, there is also a difference of effect, but only in proportion to the degree of intensity of the electric power, that attacks the system; and it is curious to observe the nature of this effect. Small doses of electricity prove a powerful stimulus to the nervous function, increase the flow of sensorial energy, and augment the irritability of the muscles: while a violent shock, as we have just seen, exhausts the nervous system instantaneously, carries off the entire stock from the animal fabric, and leaves the muscular fibres flaccid and flagging. This singular result is extended to the blood, and extended to it in both cases: for its coagulability, or the firmness of its texture, is increased by the application of small doses of electricity; while the shock of lightning, which renders the muscles lax and uncontracted, renders the blood loose and uncoagulable. It is to this variety of effect that Mr. John Hunter makes a powerful, and certainly a very impressive appeal, in proof that the blood, though a fluid, is actuated by the same living principle as the muscular fibres.

The general principle of medical treatment has been laid down under the first variety. Stimulants of the most active kind should be resorted to without loss of time: but of all stimulants, that of electricity, or voltaism, seems to be especially called for in the present modification of asphyxy. I do not know that it has ever been tried to any great extent, in the variety before us, on the human subject, but M. Abildgaard has related a few experiments on other animals, that are well worthy of attention. The animals chiefly selected were from the poultry yard, and consisted of cocks and hens. These were first rendered asphyctic, or apparently dead, by a strong shock of electricity passed through the head; and afterwards recovered by another shock passed through from the chest to the back, the animal instantly walking about as if nothing had happened. M. Abildgaard does not say what interval he allowed between the shocks thus administered: but he observed, that where no second shock was employed, the apparent was converted into real death; for the animal, in no instance, showed any tokens of resuscitation: and he observed farther, that if the second shock were thrown through the head like the first, instead of from the chest to the back, the same lifelessness continued, and no benefit whatever was produced.*

IN FROST-BITTEN ASPHYXY, or that produced by intense cold, the limbs are rigid, and the countenance pale and shrivelled. This variety is always preceded by an insurmountable desire to sleep, which the utmost exertion of the will is unable to overpower.

GEN. VIII.

SPEC. I.

γ C. Asphyxia electrica.

Operates with different effects in different plants.

If in animals the intensity differ, the effect differs too.

Exemplified.

Medical treatment.

Electricity in a smaller degree than what caused the asphyxy.

Illustrated.

δ C. Asphyxia algida.

* Societatis Med. Havniensis Collectanea, &c. vol. ii. art. Tentamina Electrica in Animalibus.

GEN. VIII.

SPEC. I.

δ C. Asphyxia
algida.

Always pre-
ceded by an
insurmountable
desire to sleep;
the sleep
proving fatal.

Illustrated
from Captain
Cook's voyage.

Effect ex-
plained.

Medical
treatment.

The sleep is, in most cases, fatal, and becomes the sleep of death. * Captain Cook, in the account he has given of his first voyage round the world, has strikingly exemplified this remark in the case of Dr. Solander and Mr. (afterwards Sir Joseph) Banks. "Dr. Solander," says he, "who had more than once crossed the mountains which divide Sweden from Norway, well knew, that extreme cold, especially when joined with fatigue, produces a torpor and sleepiness that are almost irresistible; he therefore conjured the company to keep moving, whatever pain it might cost them. 'Whoever sits down,' said he, 'will sleep, and whoever sleeps will wake no more.' Dr. Solander was the first who found the inclination, against which he had warned others, irresistible, and insisted upon being suffered to lie down. He soon fell into a profound sleep, from which, however, by the exertion of Mr. Banks, he was awakened. Several others of the party very narrowly escaped; and two of them slept, and perished from the cold." †

For these symptoms, and their effects, it is easy to account. Cold, so long as the living power is capable of producing a reaction, is one of the most strenuous tonics we are possessed of, and the glow that accompanies the reaction is felt to be peculiarly vigorous and elastic. But if it exceed this proportion, and no reaction ensue, the contraction of the vessels on the surface is converted into a rigid spasm, the blood is driven into the interior, and the surface must necessarily be pale. In this extremity of temperature, moreover, cold, instead of being a tonic, is one of the most formidable sedatives in animal chemistry: it carries off the heat of the body far more rapidly than it can be recruited, and as effectually exhausts it of all its irritable and sensible power. But such exhaustion, as we have already shown under the genus PARONIRIA, is a cause of stupor or sleep, and a cause so cogent that the will is, in many cases, incapable of resisting it, and falls a prey to its power.

In applying remedial means to this modification of asphyxy, great caution is necessary respecting the employment of warmth; and particularly where the limbs are peculiarly rigid, and under the influence of frost. In this last case, it will be generally found most advisable, in the first instance, as in frost-bitten limbs, to plunge the body for a few minutes into a bath of cold sea-water or salted water, at the same time that warm air may be breathed into the lungs, and the stomach and rectum gently excited by moderate stimulants: for it does not follow, that, because the limbs and surface of the body are frozen from frost-bite, the central parts have suffered to the same extent. After a short immersion in sea-water, the body should be taken out, wiped perfectly dry, laid in flannel in a moderately warm room, and submitted to the friction of warm hands, several persons being engaged in this process simultaneously. ‡

* Rhazes ad. Almans., tract. vi. cap. v. vii.

† Hawkesworth's Account of Voyages, vol. ii. p. 46.

‡ Baron Larrey, in his account of the sufferings of the French army in the Russian campaign, refers to numerous examples of soldiers, who were under the influence of exposure to intense cold, falling down completely dead on their entering warm rooms, or approaching too near to the fires of the bivouacs. (See Campagnes ou Mém. de Chir. Militaire, t. iv.) Caloric should be communicated in the most gradual manner, and this principle is essentially requisite, not only with the view of restoring animation suspended by cold, but for the purpose of preventing the attack of chilblains, and of a rapid and uncontrollable species of

SPECIES II.

CARUS ECSTASIS.

ECSTASY.

TOTAL SUSPENSION OF SENSIBILITY AND VOLUNTARY MOTION;
MOSTLY OF MENTAL POWER; PULSATION AND BREATHING
CONTINUING: MUSCLES RIGID: BODY ERECT AND INFLEXIBLE.

THERE is so close a connection between the present and the ensuing, and, in truth, most of the ensuing species of the order before us, that they are occasionally apt to run into each other, or to exhibit a few aggregate symptoms. And, on this account, they have been very differently arranged by different writers. Sauvages, and most of the continental nosologists, have regarded them as distinct genera. Dr. Mead and Dr. Cullen, as species or subdivisions of apoplexy, and Dr. Cheyne, as the same of lethargy. Dr. Cooke has treated of them more cursorily than those, who are acquainted with his talents and learning, could wish; and has so far followed Dr. Cullen as to place them conjointly in a chapter under the head of apoplexy: while Dr. Young, coinciding with the view taken in the present work, has arranged the whole as a species, under the generic name of *CARUS*.

To understand the nature of their distinctive symptoms, and the reason of their occasional combination, it is necessary to bear in mind the remarks offered in the Physiological Proem to the present class respecting the natural division of the nervous ramifications into sensific and motific fibres; since it happens, that some of these diseases are confined to one set, and others to another, while other diseases, again, extend equally to both. And hence we are able to account for disorders in which the perception or sensibility is abolished, while the irritability continues without much interference: or in which there is a disturbed flow or total cessation of the irritable power, with little interference with the percipient, and sometimes also with the sentient, as in some cases of paralysis: or in which there is a disturbance or cessation of all these, with the exception of a partial supply of irritative power to the involuntary organs. It will also be necessary to recollect, as we have endeavoured to show in many of the preceding pages, and particularly under the genus *CLONUS*, that, where there is a disturbance of the motific or irritative power, this disturbance is of two kinds, one from excess, and one from deficiency; and that, in both cases, there is a great irregularity of action, and consequently entastic or rigid, and clonic or [agitatory spasms, exhibiting, by their continuation, innumerable modifications.

All the divisions of the nervous system, moreover, have a natural tendency to sympathise in the same action, however combined or

GEN. VIII.

SPEC. II.

Many of the species closely connected and apt to run into each other, or to exhibit aggregate symptoms.

Hence differently arranged by Sauvages, Mead, Cullen, and Cheyne:

Cooke:

Young.

General physiology.

Sensorial powers different and differently disturbed:

chiefly from excess and from deficiency.

General tendency to sym-

gangrene, in cases where the effects of intense cold are chiefly restricted to the extreme parts of the body, the feet, hands, nose, ears, &c. — ED.

GEN. VIII.

SPEC. II.

Carus ecstasis.

pathise in
different divi-
sions of the ner-
vous system.

These remarks
peculiarly ap-
plicable to
ecstasy com-
pared with
catalepsy.

How far the
two agree.

Wherein they
differ.

In both, the
mind and ex-
ternal senses
equally torpid
in general ;
yet not always.

Both diseases
most common
to persons pre-
disposed to
mental
estrangement.
conclusion to
be drawn from
this.

Illustrated.

interchanging ; and hence, in whatever division of it a disease commences, one or more of the other divisions are peculiarly apt to participate in the affection ; and the more so, as it is not very common for abnormal actions, when once communicated, to proceed with much order or regularity ; for if trismus and tremor give us examples of such order, tetanus very generally, convulsion-fit, epilepsy, and hysteria, furnish proofs of the most capricious alternations of spastic and clonic action, or of their existing in different trains of muscles simultaneously.

These remarks peculiarly apply to ECSTASY, the species immediately before us, compared with CATALEPSY or TRANCE, the species that immediately follows. In both, the nervous influence contributory to sensibility and irritability is disturbed in its transmission, or regularity of action, but not equally, nor in the same manner ; for while the transmission of the sensific principle seems to be totally suspended, that of the irritable principle continues, though with a striking deviation from the uniform tenour of health. Thus far the two diseases agree. They differ in the nature of the disturbance of the motific principle. In ecstasy, this seems to be produced in excess, and irregularly accumulated ; in consequence of which the muscles are thrown into a rigid and permanent spasm, not incurvating the body, as in the different modifications of tetanus, but maintaining it erect from an equal excess of supply to the extensor and flexor muscles. In catalepsy, on the contrary, the motific principle seems to be in deficiency rather than in excess, though it is often irregularly distributed ; and hence, while some muscles appear sufficiently supplied, the action of others, even the involuntary ones, is often peculiarly weak. Whence, also, the limbs, instead of resisting external force, yield to it with readiness, and assume any position that may be given to them.

In both cases, the torpitude of the external senses appears to extend to those of the mind ; for the patient, on returning to himself, has no recollection of any train of ideas that occurred to him during the fit. Yet, we shall find presently that, in a few instances, the power of sight and of judging, and perhaps some other powers, do not seem completely to have failed.

It deserves, however, to be specially remarked, that both these diseases are most common to persons constitutionally disposed to some mental estrangement, as melancholy or revery, hypochondrism, or morbid elevation of mind ; thus pointing out to us the outlet at which the sensorial power is often carried off : for we have already seen that, under intense revery, the external senses are, for the most part, inactive or torpid to the impressions of surrounding objects during wakefulness ; while the mind is alike dead to every thing but the train of ideas, which immediately constitute the subject of the revery. The same tendency to abstraction, though not carried so completely into effect, is often to be found in MELANCHOLY, and still more so in that species of ALUSIA which, in the present work, is denominated ELATIO, mental elevation or extravagance, and particularly the variety called ELATIO ECSTATICA, false inspiration, visionary conceits. If the person, labouring under any of these, be attacked at the same time with a general entasia, or rigid tetanus, erecting instead of incurvating the body, he will be thrown into an ecstasy, constituting the present species. And if,

instead of an excessive, there be a deficient supply of irritable power, and consequently a flaccidity or flexibility of the muscles instead of a rigidity, his disease will be a catalepsy, constituting the ensuing species, with this difference alone, that, in most cases of the two diseases before us, the faculties of the mind unite in the torpitude of the senses, instead of giving rise to it.

I say, in most cases, and have kept to the same limitation in the specific definition: for if it be true, that one of the causes of both these affections is profound contemplation or attention of mind, or some overwhelming passion, as we are told by many writers, the mind does not seem, in such cases, to be without ideas, nor without them in a very energetic degree. And it is to ecstasis under this modification that, I am inclined to think, we should refer the CATOCHUS of most of the nosologists, which they arrange in the same order as, and next to tetanus, and define a "general spastic rigidity without sensibility."

GEN. VIII.
SPEC. II.
Carus ecstasis.

Catochus what.

Ecstasis is of rare occurrence; its predisponent cause is unquestionably a highly nervous or irritable temperament; the exciting or occasional causes it is not easy, at all times, to determine. For the greater part, they seem to be of a mental character, as profound and long-continued meditation upon subjects of great interest and excitement; and terror or other violent emotions of the mind. It seems also to have proceeded, like most of the spasmodic affections already treated of, from various corporeal irritations, and particularly those of the stomach and liver, suppressed menstruation, repelled chronic eruptions, and plethora; and perhaps, occasionally, as hinted by the younger M. Pinel, from an inflammation of the spinal marrow.* The duration of the fit varies, from a few hours to two or three days. The patient rouses as from a sleep, seems languid, and complains of nausea and vertigo;—evidently showing, that the morbid supply of sensorial power is exhausted, and that the spasm has ceased in consequence of such exhaustion.

Predisponent
cause of ecstasis.
Exciting cause.

As the disease evidently consists in a disturbance of the balance of the sensorial power, or in an excessive production of the irritable, but a deficient or suspended production of the sensific principle, the curative intention should lead us to aim at a restoration of this balance: and hence the remedial process will run so nearly parallel with that for tetanus, that it is only necessary to refer the reader to the treatment already laid down for that disease.

Remedial intention.

Where catalepsy is connected with a morbid state of the liver, mercury, given to ptyalism, has often proved highly successful. Dr. Chisholm has given a very interesting case of this kind in a young lady of eighteen, of an hysterical diathesis, and in whom the ecstasy, or paroxysm of rigidity, was alternated with paroxysms of mania. "At the end of ten minutes the patient suddenly started up in bed, the muscles became at once relaxed, but maniacal distraction of mind instantly succeeded. During the maniacal state, now, it was particularly singular that, although she could not articulate a single word, and was evidently unconscious of what she did, yet she sung some very beautiful airs with a sweetness of tone and correctness of measure, extremely interesting and affecting: at the end

Where connected with a morbid state of the liver, mercury useful.
Interesting case from Chisholm.

* Journal de Physiologie Expérimentale, par F. Magendie, D.M. &c. tom. i. Janv. 1821.

GEN. VIII.
SPEC. II.
Carus ecstasis.

of ten minutes, her head suddenly and unexpectedly dropped, and she fell back into the state of rigidity." * She finally recovered by the use of mercury.

SPECIES III.

CARUS CATALEPSIA.

CATALEPSY. TRANCE.

TOTAL SUSPENSION OF SENSIBILITY AND VOLUNTARY MOTION;
MOSTLY OF MENTAL POWER; PULSATION AND BREATHING
CONTINUING; MUSCLES FLEXIBLE; BODY YIELDING TO, AND
RETAINING ANY GIVEN POSITION.

GEN. VIII.
SPEC. III.

How distinguished from the preceding species.

Origin of the specific name.

Predisponent and exciting causes.

Description.

THIS species is chiefly distinguished from the preceding by the flexibility, instead of inflexibility, of the muscles. The cause of this difference has been explained under the preceding species, and needs not to be repeated in the present place. The specific term common to the Greek writers is derived from *καταλαμβάνομαι*, "deprehendor," "to be seized or laid hold of," and alludes to the suddenness of its attack.

The predisponent and exciting causes are the same as those of ecstasis; and the state of the habit or idiosyncrasy alone produces the difference of effect. The countenance is commonly florid, and the eyes open, and apparently fixed intently upon an object, but in most cases without perception. Yet here, as in ecstasis, we sometimes meet with examples, in which one or more of the senses, mental as well as corporeal, do not associate in the general torpitude. So, in paroniria, the sight or hearing continues awake, while the other external senses are plunged into a deep sleep, and, in some cases of paralysis, the sentient fibres retain their activity, while those of motion are torpid.

Progress of the paroxysm.

Duration.

Wonderful exhaustion of irritable power.

Disease of rare occurrence:

and hence its place misarranged by Cullen;

The paroxysm commonly attacks without any previous warning, and closes with sighing, or a clonic effort of the nervous power to re-establish its regular flow. Its duration is from a few hours, or minutes, to two or three days; and, according to well-established authorities, sometimes for a much longer period. And so completely exhausted of irritable power are some of the organs, and even those of involuntary action, that we have one example in a foreign journal of forty grains of emetic tartar having been given without any effect. †

The disease, like the last, is not common. Dr. Cullen never saw an instance of it, except where it was altogether counterfeited, and asserts the same of other practitioners; which, in fact, he offers as an apology for not knowing exactly where to arrange it. "Therefore," says he, "from the disease being seldom, differently described, and almost always feigned, I can scarcely tell where to

* Of the Climate and Diseases of Tropical Countries, p. 160. 8vo. Lond. 1822.

† Behrends, Baldingers N. Magazin, b. ix. 199.

place it with certainty ; but I am well persuaded, that it does not at all differ from the genus apoplexy, and I have hence arranged it as a species of this division." Plethora or pressure of the brain may, perhaps, be an occasional cause of this, as of most other nervous diseases, in some habits ; but the greater number of cases that have occurred, show very clearly that this disease, in its genuine form, is as distinct from apoplexy as from epilepsy.

We have said, that both catalepsy and ecstasy are most frequently found in constitutions disposed to mental estrangements. Dr. Gooch has given a very interesting case in illustration of this remark, in his paper on puerperal insanity, published in the Medical Transactions. The patient was twenty-nine years of age, had been often pregnant, but had only borne one living child ; and was now confined after delivery of a dead child in her seventh month of gestation. " A few days after our first visit," says Dr. Gooch, " we were summoned to observe a remarkable change in her symptoms. The attendants said she was dying, or in a trance. She was lying in bed motionless, and apparently senseless. It had been said, that the pupils were dilated and motionless, and some apprehensions of effusion on the brain had been entertained. But, on coming to examine them closely, it was found, that they readily contracted when the light fell upon them ; her eyes were open, but no rising of the chest, no movement of the nostrils, no appearance of respiration could be seen ; the only signs of life were her warmth and pulse : the latter was, as we had hitherto observed it, weak, and about 120 ; her feces and urine were voided in bed.

" The trunk of the body was now lifted, so as to form rather an obtuse angle with the limbs (a most uncomfortable posture), and there left with nothing to support it. Thus she continued sitting while we were asking questions and conversing, so that many minutes must have passed.

" One arm was now raised, then the other, and where they were left, there they remained : it was now a curious sight to see her, sitting up in bed, her eyes open, staring lifelessly, her arms outstretched, yet without any visible sign of animation ; she was very thin and pallid, and looked like a corpse that had been propped up, and had stiffened in this attitude. We now took her out of bed, placed her upright, and endeavoured to rouse her by calling loudly in her ears, but in vain ; she stood up, but as inanimate as a statue ; the slightest push put her off her balance ; no exertion was made to regain it ; she would have fallen, if I had not caught her.

" She went into this state three several times : the first time it lasted fourteen hours ; the second time, twelve hours ; and the third time, nine hours, with waking intervals of two days after the first fit, and one day after the second. After this, the disease resumed the ordinary form of melancholia, and three months from the time of her delivery, she was well enough to resume her domestic duties."

From the rarity of the complaint and the singularity of several of its symptoms, many physicians, who have never witnessed an example of it, are too much disposed, like Dr. Cullen, to regard it in every case as an imposture. The instance just given is sufficient to clear it from this charge ; yet the following, from Bonet, is

GEN. VIII.
SPEC. III.

Carus
catalepsia.

who regarded
it as a subdivi-
sion of apo-
plexy.

Mostly found,
like ecstasy in
constitutions
disposed to
mental
estrangement.

Striking illus-
tration.

From the sin-
gularity of its
symptoms often
regarded as an
imposture ; yet

GEN. VIII.

SPEC. III.

Carus
catalepsia.sometimes
wrongfully.Additional
illustration.

added in confirmation. George Grokatski, a Polish soldier, deserted from his regiment in the harvest of the year 1677. He was discovered a few days afterwards, drinking and making merry in a common ale-house. The moment he was apprehended he was so much terrified, that he gave a loud shriek, and was immediately deprived of the power of speech. When brought to a court-martial, it was impossible to make him articulate a word: he was as immoveable as a statue, and appeared not to be conscious of any thing that was going forward. In the prison to which he was conducted, he neither ate nor drank, nor emptied the bowels and the bladder. The officers and the priest at first threatened him, but afterwards endeavoured to soothe and calm him; but all their efforts were in vain. He remained senseless and immoveable. His irons were struck off, and he was taken out of the prison, but he did not move. Twenty days and nights were passed in this way, during which he took no kind of nourishment, nor had any natural evacuation. He then gradually sunk and died. *

Singular power
in the muscles
of retaining a
given position
or even state
of motion.
Illustrated.

The pliability of the muscles to any stimulus that acts upon them is sufficiently evident from both these cases: but it has not been generally observed by pathologists, that the force of the stimulus, which is acting upon them at the time of the attack, continues afterwards, so that the same state of motion or rest is still maintained. In the case of a schoolboy aged eleven years, related by Mr. Stearns †, the paroxysms returned ten times in twenty-four hours, and never exceeded three minutes at a time. And if it commenced while the patient was walking, the same pace was maintained, though without the direction of the mind. The present author was consulted a few years ago on a similar case by a student of Gray's Inn, about nineteen years of age. Having been attacked with a fit of catalepsy while walking, within a few minutes after having left his chambers, he continued his pace insensibly, and without the slightest knowledge of the course he took. As far as he could judge, the paroxysm continued for nearly an hour, through the whole of which time his involuntary walking continued; at the end of this period, he began a little to recover his recollection and the general use of his external senses. He then found himself in a large street, but did not know how he got there, nor what was its name. Upon enquiry, he learned that he was at the further end of Piccadilly, near Hyde Park Corner, to which, when he left his chambers, he had no intention of going. He was extremely frightened, very much exhausted, and returned home in a coach. He was not conscious of any particular train of ideas that had passed in his mind during the fit; but if such there had been, there can be little doubt that, like the visions of a dream, the reminiscence of them would have been completely banished by the terror he felt on first recovering his recollection, and finding himself in a strange place, to which he had been irregularly wandering through a great number of streets, without consciousness. He had several slighter attacks antecedently, shorter in duration, and, from his being at rest at the time, unaccompanied with a tendency to perambulate.

Further illustration.

* Medic. Septentrion., lib. i. sect. xvi. cap. 6.

† American Med. Register, vol. i. art. viii.

In this case, and in all of a similar kind, from the power which the patient seems to possess of avoiding danger, the faculty of the will and of sight must be in some degree of activity, however obtunded: bearing a near resemblance to *paroniria ambulans*, or sleep-walking, with the exception of the suddenness of the attack. Some pathologists, indeed, have noticed a modification in which the powers of deglutition and digestion continue, as well as those of pulsation and breathing, provided the food be thrust into the mouth. If we were right in ascribing the CATOCHUS of the ancients to that form of ecstasy in which the mind retains some train of ideas, we shall probably be right also in referring their CATOCHE to this modification of catalepsy; though Galen seems to have regarded the term as a mere synonym of catalepsy, and Ætius adopted his opinion.

Instead, however, of most of the involuntary organs being in a joint state of activity, instances have occasionally been known of an apparent cessation of activity in all of them. A critical examination of the region of the heart will mostly, indeed, give proof of a very feeble flutter, and if a clear mirror be applied to the mouth and nostrils, it will generally be found to have a thin vapour on its face. But even these signs have not always been given: insomuch that the disease has been mistaken for real death: and, in countries where the rite of sepulture takes place speedily, it is much to be feared, that the unfortunate sufferer has, in a few instances, been buried alive.* In a case of asphyxy of a singular kind, related by M. Pew, the patient, a female, was peculiarly fortunate in having had her interment postponed for the purpose of ascertaining the cause of her supposed death by dissection: for on being submitted to the scalpel, its first touch brought her to her senses, and threw her into a state of violent agitation, the anatomists being almost as much frightened as herself.† So Diemerbroeck relates the case of a rustic, who was supposed to be dead of the plague, and was laid out for interment. It was by accident three days before he could be carried to the grave, when, in the act of being buried, he showed signs of life, recovered, and lived many years.‡ Mathæus, Hildanus, and the collectors of medical curiosities, are full of stories of this kind; many of them, indeed, loosely related; but many also possessing every requisite authority for belief; and urging the necessity of waiting for signs of putrefaction before the lid of the coffin is screwed down, or, I should rather say, before the body is removed from its deathbed.

We have already observed, that the predisposing and exciting causes are the same as those of ecstasy, and that the state of the habit or idiosyncrasy alone produces the difference of effect. This distinction has not been sufficiently attended to by pathologists in their mode of treatment: and hence one common plan has been too generally laid down and pursued in ecstasy, catalepsy, lethargy, and even apoplexy, the general treatment being as much confounded as the diseases themselves.

GEN. VIII.

SPEC. III.

Carus
catalepsia.

In these and similar cases the faculty of the will and the sense of sight must be in some degree of activity.

Some power of deglutition sometimes preserved.

Catoche, what.

In other cases an utter inactivity in all the involuntary organs.

Hence the disease has been mistaken for real death, and the unfortunate sufferer been sometimes interred alive.

Singular example of escape.

Additional illustrations.

Hence the necessity of great caution in obtaining signs of putrefaction before closing the coffin.

Predisposing and exciting causes those of ecstasy: the difference of effect produced by the habit or idiosyncrasy.

* Pineau, sur le Danger des Inhumations précipitées. Paris, 1776.

† Pratique des Accouchemens, &c. Tozzetti's Raccolta de Teorie, Osservazioni e Regole per distinguere e prontamente dissipare le Asphyssie, o Morte apparente. Firenze, 8vo. 1772.

‡ Tractat. de Peste, lib. iv. hist. 85.

GEN. VIII.
SPEC. III.

Carus
catalepsia.

Medical
treatment.

A reducent
plan not always
to be pursued.

Injection of
foreign sub-
stances into the
blood.

Electricity.
Voltaism.
Diffusible
stimulants to
be introduced
into the
stomach.

Metallic tonics.

Commonly speaking, copious bleedings and purgings have been chiefly trusted to in all of them: and as the present disease, in some cases, arises from plethora, or obstruction, or some irritation of the stomach, it is not to be wondered at that this process should sometimes succeed. But, if we have been correct in our pathology, if catalepsy be not only a nervous disease, but a disease of nervous debility, in which the sensorial power is distributed with enfeebled and clonic irregularity, and consequently with a necessary disturbance of the balance of the nervous system, it is perfectly clear, that a reducent treatment, however serviceable in a few cases, cannot be laid down as the proper plan to be pursued in general, nor even in any case as an advisable practice, further than it may be called for by the contingency of the exciting cause. Stimulants of most kinds will usually be found far more serviceable, particularly in the form of blisters to the head and heart, sinapisms and other rubefacients to the extremities, and injections to the rectum.

It is now well known, that the simplest substances, as a solution of gum arabic, or merely warm water, infused, to the amount of not more than an ounce or two, into the current of the blood, by opening a vein, will not only excite the heart to a more violent action, but affect the stomach and intestinal canal with a like increased action by sympathy, producing sickness in the former, and looseness in the latter: and hence Dr. Regnaudot, in an ingenious inaugural dissertation, has thrown out a hint, well worthy of being followed up, that such a stimulus may probably succeed in rousing the system generally in the present and most of the preceding species.

Electricity or voltaism, in the manner already recommended, may also be tried with a hope of success: and if it be possible to introduce any thing into the stomach by means of a syringe, brandy, ether, ammonia, camphor, or even phosphorus, in the form and dose already recommended, may be attempted in rotation. The body in the mean while should be kept warm, with a free influx of pure air, and general and persevering friction should often be had recourse to. A steady use of the metallic tonics should be chiefly confided in after the paroxysm is over.

SPECIES IV.

CARUS LETHARGUS.

LETHARGY.

MENTAL AND CORPOREAL TORPITUDE, WITH DEEP QUIET SLEEP.

GEN. VIII.
SPEC. IV.

Origin of the
generic term.
Distinctive
marks.

LETHARGY, from the Greek terms *λήθη* and *ἀργός*, “oblivio pigra,” is distinguished from all the preceding species of the present genus, by the apparent ease and quietism of the entire system: the limbs retaining that gentle and placid flexion, which they are wont to exhibit in natural sleep, and the eyelids being conse-

quently closed: by both which signs it is also distinguished from apoplexy.

Lethargy is sometimes produced by congestion, or effusion in the brain, by violent mental commotion, as that of fright or furious anger; by retrocedent gout, or repelled exanthems; but more generally by long-continued labour of body, or severe exertion of mind.

The common causes of sleep, therefore, whether natural or morbid, are in many cases causes of lethargy. The proximate cause, however, of idiopathic lethargy does not seem to have been sufficiently pointed out, and on this account it has too frequently, like the preceding species, been confounded with apoplexy, and regarded as a mere modification of it.

We had occasion to take a glance at the general physiology of sleep, under the genus *EPHIALTES*, or night-mare, and observed, that its proximate cause is to be sought for in a torpitude or exhaustion of sensorial power from the ordinary stimulants of the day. Now it is possible, that the same effect may be produced by a defective supply of sensorial power as well as by its exhaustion; and, consequently, that the torpitude of sleep may ensue whenever such deficient action or energy exists, even where there is no exposure to its ordinary exciting causes. And this it is, as it appears to me, which constitutes the real difference between genuine lethargy and sound healthy sleep: in which sense, the former becomes a strictly nervous affection, dependent upon a weak and irregular action of the sensorial organ, accompanied with a diminished production of sensorial power, and this power, so diminished, irregularly distributed over its different departments or ramifications; being altogether withheld from the external senses and the voluntary organs, while the supply to the involuntary organs is little interfered with, as in the case of common sleep. The faculties of the mind seem also, in most cases, to partake of the torpitude of the external senses: though, as the whole is a disease of debility, and consequently of irregular action, we can readily account for a few singular cases that have been met with, in which the lethargy has been broken in upon by short returns of sensation, or even of speech, or by an irregular flow of ideas, which the patient is sometimes apt to mistake for sensations. And hence, lethargy has been observed under the following varieties:—

- α Absolutus.
Genuine lethargy.
- β Cataphora.
Remissive lethargy.
- γ Vigil.
Imperfect lethargy.

Without intervals of sensation, waking, or consciousness.

With short remissions or intervals of imperfect waking, sensation, and speech.

Perfect lethargy of body, but imperfect lethargy of mind: wandering ideas, and belief of wakefulness during sleep.

GEN. VIII.
SPEC. IV.

Carus
lethargus.

Occasional
causes.

Proximate
cause not suf-
ficiently point-
ed out by the
writers.

Pathology.

Real difference
between ge-
nuine lethargy
and sound
healthy sleep.

Occasionally
broken in upon
by short re-
turns of sensa-
tion or of
speech.

Explained.

The FIRST VARIETY has, in some instances, been considerably protracted. We have examples of its continuance for forty days*;

α C. Lethargus
absolutus.

* Plott, Natural Hist. of Staffordshire.

GEN. VIII.

SPEC. IV.

α C. Lethargus absolutus.

Surprising examples of its extent.

β C. Lethargus cataphora.

Singular example.

Additional illustration with a less fortunate result.

γ C. Lethargus vigil.

The coma vigil of many pathologists.

Mode of treatment : must vary according to the cause, where we are able to ascertain it.

The treatment hitherto too indiscriminate.

and even for seven weeks.* In one instance, it is said to have resulted from insolation, or exposure to the direct rays of the sun; and at length, with great singularity, to have yielded to a large flow of urine, loaded with pus, that fell to the bottom.†

The SECOND VARIETY, or CATAPHORA, is the coma somnolentum of many writers: and is also a frequent accompaniment of many fevers and other diseases of great debility. It occurs at times, however, as an idiopathic affection; and I was some years ago acquainted with a very singular example, that continued for five years. The patient was a young lady of delicate constitution, in her eighteenth year at the time of the attack: her mind had been previously in a state of great anxiety: the remissions recurred irregularly twice or three times a week, and rarely exceeded an hour or two: during these periods, she sighed, ate reluctantly what was offered to her, had occasional egestions, and instantly relapsed into sleep. Her recovery was sudden, for she seemed to awake as from a night's rest, by a more perfect termination of the paroxysm, not followed by a relapse.

A less fortunate case of the same kind is related by Mr. Brewster, and was connected with depressed animal spirits, and probably congestion or plethora. The patient was a female servant about the middle of life. The first paroxysm was preceded by a hemorrhage from the nose, and lasted three days: the next continued six weeks; during which she occasionally swallowed food and had alvine evacuations. She had two subsequent fits, neither of which lasted above a few days. Not long afterwards, she hung herself.‡

The THIRD VARIETY, or IMPERFECT LETHARGY, is the TYPHOMANIA of the Greek writers; the COMA VIGIL of many later pathologists. It is a frequent sequel upon fevers, or other causes of great nervous debility, in circumstances in which the sensorial power has not recovered its regularity of distribution, or stability of balance: during which the patient uniformly assures his physician and his friends, morning after morning, that he has passed a restless and hurried night, without a moment's sleep, while the nurse has been a witness to his having been asleep the whole night long.

The mode of treatment must depend upon the nature of the cause, as far as we are able to ascertain it. If this have consisted in any suppressed discharge or eruption, we should endeavour to reproduce it by all possible means. If we have reason to suspect compression on the brain, copious bleedings, purgatives, and other reducents are imperative. And if, as is more commonly the case, it be a strictly nervous affection, and depend on atony and a disturbed production or balance of the sensorial power, the warm nervine irritants, as musk, camphor, valerian, with blisters, sternutatories, and other stimulants, are the means we should have recourse to.

These different processes have been pursued in most ages, but unfortunately they have been pursued indiscriminately: and bleed-

* Bang. Collect. Soc. Med., Havn. II. 17.

† Morgagni, de Sed. et Caus. Morb., Ep. v. 13, 14. Albertino.

‡ Edin. Phil. Trans., 1817.

ing, purgatives, and ethers and other diffusible excitants have been employed on like occasions, or even at the same time. Forestus and Dr. Cheyne, who regarded lethargy as chiefly dependent upon plethora or congestion, seem uniformly to have adhered to a reducent plan; and Celsus, who contemplated it as a nervous affection,* equally confines himself to external and internal pungents, and advises pepper, euphorbium, castor, and vinegar, with the fumes of burning galbanum or hartshorn applied to the nostrils: as also shaving the head, fomenting it with a decoction of laurel leaves, or rue, and afterwards applying sinapisms or some other rubefacient epithem.

All these are consistent with themselves, how much soever the writers may differ in their view of the proximate cause. Yet, neither line of conduct can be right as a general practice; and hence other practitioners have occasionally intermixed the two, sometimes incongruously; and consequently have done less mischief, as at other times they have done less good.

That genuine lethargy is, not unfrequently, a strictly nervous affection, and even closely connected with an irregular or debilitated state of the mind; and that a reducent plan is not always calculated to afford it radical relief, however it may give a temporary promise, must, I apprehend, be obvious to most practitioners who have paid a due attention to their own circle of cases; but the following example from Dr. Cooke, bearing a close resemblance in its termination to that already quoted from Mr. Brewster, is peculiarly in point, and ought not to be omitted on the present occasion:—"A lady about twenty years of age, who had usually enjoyed very good health, was one morning found in a state of profound but quiet sleep, from which she could not be awakened, although the preceding evening she had gone to bed apparently quite well. Various means had been tried with a view of exciting her from this state, but in vain. Under these circumstances, I recommended cupping in the neck; and after she had lost a few ounces of blood in this way, she opened her eyes, perfectly recovered, and remained through the day quite free from all symptoms of disorder. The next morning, and for several successive mornings, she was found in a similar state, from which she was recovered by the same remedy, no stimulating external applications producing any good effect. As she was considerably weakened by repeated depletions, it was determined that, on the next recurrence of the paroxysm, the case should be left to the effects of nature, as long as was consistent with safety. The experiment was tried; and, at the end of about thirty hours, she spontaneously awoke, apparently refreshed, and wholly unconscious of her protracted sleep. On the future returns of these paroxysms, which were frequent, the same plan was adopted, and she awoke after intervals of thirty-six, forty-eight, and, on one occasion, sixty-three hours, without seeming to have suffered from want of food or otherwise. In the early part of the disease, various means were employed without the smallest advantage, except that, while under the influence of mercury, which produced a very severe salivation that lasted more than a month, she was free from the complaint. For a considerable length of time, these paroxysms recurred: but at length

GEN. VIII.

SPEC. IV.

C. Lethargus
vigil.

Treatment.

Plan of

Forestus

compared with
that of Celsus.

Both plans consistent with the explanation of the authors, but both cannot be right as a general principle.

Hence some practitioners have incongruously mixed the two.

Where the lethargy is a disease of nervous and especially of general debility, a reducent plan wrong.

Illustrated.

GEN. VIII.

SPEC. IV.

Carus

lethargus.

Treatment.

Treatment

where no symptoms lead to a peculiar cause.

they gradually left her; and soon afterwards she became deranged in mind, in which state I believe she still remains." *

When, therefore, there are no symptoms leading to a peculiar cause, it will be advisable to bleed by cupping, once or twice, but not oftener; to open the bowels and keep them in a state of slight irritation; to employ blisters or other external stimulants occasionally, and to have recourse to a repeated use of the voltaic trough, sending the line of action from the occiput down the spine, and varying it to the extremities. In the mean time, if the patient can be made to swallow, we should try the effect of musk, or camphor, with free doses of the metallic tonics, of which the sulphate of zinc, in doses of a grain, three or four times a day, offers the best prospect of success.

SPECIES V.

CARUS APOPLEXIA.

APOPLEXY.

MENTAL AND CORPOREAL TORPITUDE, WITH PULSATION, AND OPPRESSIVE, MOSTLY STERTOROUS, SLEEP. †

GEN. VIII.

SPEC. V.

Whether stertor be a necessary, or only occasional, symptom.

The first generally supposed, and so described.

The disease has occurred to the author without it: and hence the present modification in the definition: making an approach to the opinion of several modern authorities.

The subject to be resumed hereafter.

Judicious definition of Cooke.

THERE is a considerable difference of opinion among pathologists whether stertor is a necessary and invariable, or only an occasional sign of apoplexy. Sauvages, Linnéus, Vogel, Sagar, Forestus ‡, Kirkland §, Young, and by far the greater number of writers have arranged it as an essential symptom; and, hence, the present author was induced to view it in the same light when he published his volume of Nosology. He has since, however, met with one or two cases of atonic apoplexy, in which, although the disease proved fatal, the breathing was at no time noisy or stertorous, though uniformly laborious or oppressive: and he has hence been induced to modify the specific character in the manner it stands at the head of the present division; and thus to approximate it to the opinion of Forestus, Cullen, and Portal, who do not regard stertor as a necessary index. Dr. Cullen is generally conceived to have omitted this peculiar mark, in consequence of his having included asphyxy and catalepsy, which have no pretensions to stertor, under the genus APOPLEXIA. But, as we shall have to return to this subject when discussing the different forms or varieties under which apoplexy shows itself, I shall only further observe at present, that Dr. Cooke has, with great judgment, steered a middle course in laying down his own definition, which characterises apoplexy as "a disease in which the animal functions are suspended, while the vital and natural functions continue;

* Treatise on Nervous Diseases, vol. i. p. 372.

† Another definition is "Loss of sensation, voluntary motion, and intellect or thought, respiration, and the action of the heart and general vascular system being continued." — ED.

‡ Lib. x. obs. 73.

§ Comment., p. 16.

respiration being generally laborious, and frequently attended with stertor." *

Apoplexy is strictly a disease of the nervous system, dependent upon a suspension of the sensorial power in almost all its modifications, sentient, percipient, and motory, with the exception of a certain portion which still continues to be supplied to the involuntary organs; the faculties of the mind participating in the torpitude of the body. In these respects, it bears a very near approach to the preceding species of CARUS; it chiefly differs in its being generally connected with an oppressed state of the vessels of the brain from over-distention or effusion: so generally, indeed, that apoplexy is, by almost all the writers on the subject, regarded rather as a disease of the sanguineous, than of the nervous system; the morbid action of the latter being supposed to be entirely dependent on that of the former, and consequently only a secondary affection.

This view of the subject, however, is by far too limited: for although, in most cases, the more prominent symptoms concur with the appearances on dissection in leading us to compression of the brain as the primary cause of the disease, yet we shall find presently, that it has sometimes taken place where no such compression seems to have existed, whilst we have already had occasion to notice a variety of affections of the head attended with forcible and severe compression, as inflammation and dropsy of the brain, that have run their entire course without any mark of apoplexy whatever: to which should be added that, while in most other diseases or lesions accompanied with compression of the brain, and a suspension of sentient and motory power as a consequence hereof, such suspension ceases almost the moment the compression is removed, when the nerves of feeling and motion, together with the faculties of the mind, resume their wonted activity, and evince no tendency to a relapse; in apoplexy, on the contrary, the result is always doubtful; for a palsy of some part or other is a frequent and permanent effect, or the mind suffers in some of its faculties, and a relapse is generally to be apprehended. So that, though compression of the brain, and particularly from a morbid state of the sanguineous and respiratory functions, may be justly regarded as the ordinary efficient cause, there seems to be at the same time some peculiar debility or other diseased condition of the sensorial system† to which apoplexy is primarily to be

GEN. VIII.
SPEC. V.

Carus
apoplexia.

Apoplexy
strictly a dis-
ease of the ner-
vous system:

and hence
makes a near
approach to
preceding
species of
carus.

Distinctive
characters:
leading to a
general opinion
that it is a dis-
ease of the
sanguineous
rather than of
the nervous
system.

This view of
the subject too
limited.

Explained.

* On Nervous Diseases, vol. i. p. 166. Apoplexy is liable to be confounded with syncope and natural sleep. The following are the marks of distinction adverted to by Dr. Clutterbuck (See Cyclop. of Pract. Med., art. APOPLEXY): in syncope the respiration is suspended, the pulse is not to be felt at the wrist, the features shrink, and the surface of the body turns pale and cold. In apoplexy the reverse of all these circumstances takes place. The distinction between apoplexy and natural sleep, can only be made by one being able to rouse the person from sleep, however profound, by a certain degree of irritation: this cannot be done, or but very imperfectly, in apoplexy. — ED.

† Perhaps, instead of these ambiguous expressions, it might be better to say that attacks of apoplexy are mostly preceded by disease of the brain, or its vessels, without which previous disease the apoplexy would not occur. This remark, however, is liable to exceptions, because we know that apoplexy may be suddenly induced in the most healthy subject, if he take an extraordinary quantity of brandy, gin, or other strong spirituous liquor, into his stomach, in an undiluted state. Though apoplexy, in the sense of an effusion of blood in

GEN. VIII.
SPEC. V.
Carus
apoplexia.

Hence obvious
why advancing
age should be a
predisposing
cause.

Statement of
Morgagni.
Calculation of
Hippocrates.

Hereditary in-
fluence whether
a predisposing
cause.

Heat a predis-
posing cause
explained.

Cold also a pre-
disposing cause,
but operating
very differently,
and chiefly upon
the sensorial
system.

referred, and without which it might not take place; and which has not been sufficiently adverted to by practitioners. Though there can be no difficulty in our affirming that, wherever such a morbid condition exists, compression, from whatever cause, will be sure to produce the disease.

We may hence see why advancing age should prove a predisposing cause; and account for the statement of Morgagni, who tells us that, of thirty cases of apoplectic patients that fell within the reach of his observation, seventeen were above the age of sixty, and only five below that of forty. Hippocrates, on a more general estimate, calculated that apoplexies are chiefly (*μάλιστα*) produced between the fortieth and sixtieth year.* This, indeed, is somewhat earlier than we should expect on the ground of advancing age; but when we take into consideration that it is the precise period, in which the mind is most agitated and exhausted with the violent and contending passions of interest, and ambition, and worldly honours, and the blood most frequently determined to the head by this impulse of sudden and irresistible emotions, we shall, perhaps, readily accede to the Hippocratic aphorism as a general rule.

How far apoplexy is occasionally the result of an hereditary influence on the frame, it is not easy to ascertain. Forestus, Portal, and Wepffer refer to decided instances of such facts within their own knowledge: the first, indeed, relates the history of a father and his three sons, all of whom died in succession of this disease; but as the chronology drops with the second generation, it does not descend quite far enough for the purpose. There is great reason, however, for believing that an hereditary tendency does sometimes show itself; and, as this exists without external or manifest signs, it is probably seated in the sensorial system, and constitutes another of the morbid conditions of this system, to which we have referred above, as often giving effect to subordinate causes.

There is no difficulty in conceiving how heat may become a predisponent cause, since nothing tends more effectually to quicken the action of the heart, drive the blood forcibly into the aorta, and, consequently, overload the vessels of the brain. But cold is said to be a predisponent cause as well, and one that operates quite as extensively, while the reason of this has not been at all times very clearly explained. Now, as a hot temperature acts chiefly upon the sanguiferous system, extreme cold acts chiefly upon the sensorial, benumbs the feeling, weakens the muscular fibres, diminishes the sensorial energy, and consequently induces, as we have already seen under one of the varieties of asphyxy, an unconquerable propensity to sleep. And hence, again, in apoplexies produced by severe cold, the primary or predisponent cause is to be sought for in a debilitated state of the nervous system. The

upon the brain, is not usually occasioned by strangulation, especially where the obstruction of the trachea is complete, it may be produced by it, where the struggle for life is more considerable, in consequence of the interruption of respiration being less effectually accomplished. — Ed.

* Aph., sect. vi. 57.

Greek physicians are perpetually alluding to this cause as one of great frequency, and the explanation now given does not essentially vary from that offered by Galen.* If, indeed, the cold be exquisitely intense, CARUS *Asphyxia* is more likely to be produced than CARUS *Apoplexia*; for we have already observed, under the preceding species, that the very same cause which, operating in a vehement degree, excites the former, operating powerfully has often a tendency to excite the latter.

The other predisponent causes, so far as they have been traced out, are more obvious to the senses, and, for the most part, more directly referrible to the state of the sanguineous function; as plethora, corpulency, and grossness of habit, a short thick neck, and the free use of wines and heavy fermented liquors. Dr. Cheyne, indeed, believes the last to be so common a cause, as even to produce the disease without any inordinate indulgence whatever: "the daily use," says he, "of wine or spirits will lead a man of a certain age and constitution to apoplexy, as certainly as habitual intoxication."† This may be true as here limited; but then the limitation must be attended to; in which case we are only told in other words, that wherever such a kind of sensorial debility exists as that which we have already adverted to, the result of age, or habit, or constitution, one man will be as readily led to apoplexy under a moderate use of wine, as another man, destitute of such predisposition, will be, under a state of habitual intoxication. With this explanation, however, a moderate use of wine becomes only an accessory, and not a primary cause.

How far there may be any other EFFICIENT or EXCITING causes of apoplexy, than compression of some kind or other, it is difficult to determine, though various cases on record should induce us to suppose there are. Hydatids, tumours of almost every consistency, gelatinous, steatomatous and bony, pus, and indurations of the membranes, have, in various cases, been discovered on dissection, and are generally supposed to operate by compression. But, in many instances, these appearances seem to have been too minute for any such effect; and can only fairly be regarded as concomitants or allied powers—as local irritants, stimulating and exhausting the sensorium, and preparing it for attacks of apoplexy against the accession of some superinduced and occasional cause; though, where there exists already a strong predisposition to the disease from hereditary or any other affection, it is not improbable, that such local irritants may alone be sufficient to perfect the complaint. And we may hence account for that form of apoplexy which is said to proceed from intestinal worms, or some irritation of the stomach, or from teething; and which, consequently, occurs at an early, instead of at a late period of life, and has been especially denominated *apoplexia infantum*. Other organs, however, besides the teeth and the stomach, seem not unfrequently to have given occasion to apoplectic attacks from irritation, distention, or organic lesion. Thus, according to M. Portal, superinducing tumours and congestions have been found in the neck, in the breast, or in the abdomen; ossifications in the thoracic and ventral aorta,

GEN. VIII.
SPEC. V.

Carus
apoplexia.

Cold supposed
by the Greek
physicians to be
a cause of great
frequency.

When exquisitely intense it produces asphyxy, and only when in a less degree apoplexy.

Other and more manifest predisposing causes.

How far a daily use of wine in moderation may predispose.

The common efficient cause compression of the brain.

How far there may be any other exciting cause, as determinable by dissections.

The ordinary morbid appearances mostly in effective otherwise than as concomitants; though they may be sufficient where a strong predisposition exists.

Hence the apoplexy of infants from teething or disorder of the stomach.

As also apoplexy from other remote irritations.

* De Loc. Aff., lib. III. cap. vi.

† Cheyne, p. 146.

GEN. VIII.

SPEC. V.

Carus
apoplexia.

Most of these
morbid actions
and appearances
as common to
other affections
of the sensorial
system as to
apoplexy.

Singular that
this view of the
subject should
scarcely have
been attended
to: either in
the description
of the disease
or practice.

This point
farther investi-
gated.

No other view
than the present
capable of
reconciling
various discre-

as well as in the arteries of the upper or lower extremities, in the superior vena cava, and in the right ventricle and valves of the heart, which has also indicated various other changes.*

Most of these morbid actions and appearances, however, are as common to various other affections of the sensorial system as to apoplexy. We have already noticed them in lethargy, convulsion, epilepsy, various species of cephalæa, and some forms of insanity: and hence, wherever they become causes at all, it is most probable, that the disease they immediately produce, is regulated by the predisposition of the individual to one, rather than to any other of the above sensorial affections, resulting from family taint, idiosyncrasy, habit, or period of life; and, consequently, that the same exciting or occasional cause, which, in one person, would produce apoplexy, in a second, would form epilepsy, in a third, convulsion, and in a fourth, madness.

It is highly singular, that this view of the subject should scarcely ever have been attended to by physicians; and that, whilst all the writers have pretended to regard apoplexy as a disorder of the nervous system, none of them have suffered such ideas to enter fairly into their pathology, or in any way whatever into their practice; the nervous organ being supposed by all of them to be in a state of soundness at the time of the attack; and whatever mischief it suffers to be merely secondary, and consequent upon a morbid state of the blood-vessels, or of some other cause, that as suddenly and effectually interrupts the production and distribution of the sensorial power, as retrocedent gout, mephitic vapours, or narcotic poisons.

Now, all these accidental or effective causes of apoplexy are well known to be causes, also, of the other nervous affections we have just referred to. But if this be the case, how comes it that they should thus vary in their result, and that what in one person, and at one period of life, should produce apoplexy, should in another person, and in another period of life, produce lethargy, palsy, convulsions, or epilepsy? or that some of them should exist without producing any of these diseases or any other disease whatever? It is not, perhaps, possible for us to develop the precise condition of the sensorium that leads to any one of these effects, rather than to any other; but that there is such a condition, forming a predisponent or remote cause of the specific disease that shows itself, must, I think, be allowed by every one who seriously considers the subject.

Nor is there, in effect, any other means of reconciling the discrepant and opposite opinions that have been held concerning the proximate cause of the disease. This we have stated to be, for the most part, compression, and especially sanguineous compression.†

* Portal, Ch. Résultats de l'Ouverture des Corps, p. 329.

† The following reflections on this subject, by Dr. Clutterbuck, appear interesting: — "The opinion that appears to prevail most generally at present, as to the immediate cause of the suspension of functions that constitutes the apoplectic state is, that the remote causes of the disease, such as extravasated blood, and accumulation of serum, produce a compression of the cerebral substance, thereby interrupting its functions. But, besides that some of the remote causes of apoplexy have no apparent tendency to make any direct pressure on the brain, it must not be overlooked, that the cerebral substance, being in its nature incompressible, cannot, so long as the blood is contained within its vessels, be exposed to greater pressure at one time than another. It must be in some other way,

Mr. John Hunter was so strenuously attached to this cause, that he would allow of no other; M. Rochoux has followed his footsteps*; and if a man died of apoplexy from atonic gout, and without effusion, the former distinguished it as *a disease similar to apoplexy*. He regarded apoplexy and palsy as one and the same disease, merely differing in degree: and he gives us his sentiments very forcibly in the following words: — “For many years,” says he, “I have been particularly attentive to those who have been attacked with a paralytic stroke forming a hemiplegia. I have watched them while alive, that I might have an opportunity to open them while dead: and, in all, I found an injury done to the brain in consequence of the *extravasation of blood*. — I must own, I never saw one of them which had not an extravasation of blood in the brain, except one, who died of a gouty affection in the brain with symptoms *similar to apoplexy*.” †

In direct hostility to this hypothesis, many other writers of great eminence and experience have contended that compression is no cause whatever, and that an accumulation of blood in the head, as a prominent symptom in apoplexy, is a doctrine, rather than a fact. Of this sentiment is Dr. Abercrombie, who, after examining the question with much ingenuity, brings himself to the following conclusion: — “Upon all these grounds,” says he, “I think we must admit, that the doctrine of determination to the head is not supported by the principles of pathology, and does not accord with the phænomena of apoplexy.” ‡ M. Serres, however, a physician

GEN. VIII.

SPEC. V.

Carus
apoplexia.pant opinions
concerning the
proximate
cause.Opinion of
John Hunter:
compression
or determin-
ation to the
brain in every
instance
producing
extravasation.Compression no
cause whatever
in the opinion
of other autho-
rities, and no
such thing as
determination
to the head.

therefore, than by compression of the substance of the brain, that the remote causes act in producing their effect. It cannot be questioned, that pressure on the brain of any kind, if carried to a certain extent, is capable of interrupting the functions of the organ so as to induce apoplexy; but there is good reason to believe, that the pressure operates upon the blood vessels, so as to impede mechanically the passage of the blood through them; in a word, that *interrupted circulation in the brain is the proximate or immediate cause of that temporary suspension of the sensorial functions, which constitutes the apoplectic state*.” (See Cyclop. of Pract. Med., art. APOPLEXY, p. 126.) This intelligent writer then proceeds to show, that apoplexy may be brought on by a variety of remote causes, all operating in different ways, but all leading to the same general result — obstructed circulation of the brain. “Whether this be produced by direct external pressure, or by extravasated fluids, or tumours, within the skull; whether by arterial excitement, and consequent distention, produced by either alcohol, external heat, or mental emotions; or whether by any impediment to the return of blood from the brain, by causes influencing the veins; the effect,” according to Dr. Clutterbuck’s view, “is still the same, and suggests the same general indications of cure; namely, to restore the circulation of the brain.” Some part of this writer’s doctrine agrees with the opinion of Dr. Abercrombie, who refers merely to a derangement in the circulation of the brain, without restricting the immediate cause to one principle alone, as Dr. Clutterbuck has done in the foregoing quotation. A correct theory of apoplexy, in relation to its immediate cause, is certainly of the highest importance, as leading to the consideration of what ought to be the principal indication in the treatment of the disease. Thus, Dr. Clutterbuck’s views convince him, that the general indication of cure is to restore the circulation of the brain by removing the obstructing cause. — Ed.

* Dict. de Médecine, tom. ii. Paris, 1822.

† Treatise on Blood, &c. p. 213.

‡ Treatise on Apoplexy, &c. p. 19. If, however, we consult a later publication of this distinguished physician and pathologist, we shall find that, whatever may be his opinion respecting determination of blood to the head, as a cause of apoplexy, he himself brings forward examples of apoplexy from pressure on the veins in the neck, and a consequent distention of the vessels of the brain. (See

GEN. VIII.
SPEC. V.
Carus
apoplexia.
Experiments
and hypothesis
of Serres.

of considerable distinction in France, and who followed up this subject for many years by a careful examination of the bodies of persons who died of apoplexy and paralysis, both at the Hôtel Dieu, and the Hôpital de la Pitié, has carried his inroad upon the popular doctrine of the day still farther; for he has not only, in his own opinion, completely subverted it, but has endeavoured to establish another doctrine, of a very different character, upon its ruins.* To determine the question, he has gone through a long series of experiments upon the brains of dogs, pigeons, rabbits, and other animals, whose crania were trepanned, their lateral, or longitudinal sinuses laid open, and their brains lacerated and excavated in various ways, so as to be gorged with effused blood, yet, in none of them, did somnolency or any other apoplectic symptom take place. And he hence triumphantly concludes, that extravasation of blood does not produce apoplexy, whether lodged between the cranium and the dura mater, or between the dura mater and the brain: whether the blood occupy the great interlobular scissure, and thus lie upon the corpus callosum; whether cavities be made in the fore, the back, or the middle part of the hemispheres, or run from the one into the other; or, lastly, whether piercing through the corpus callosum we reach and fill up the ventricles of the brain. "On whatever animal," says he, "we try these experiments,

Pathological and Practical Researches on Diseases of the Brain and the Spinal Cord, p. 204. Edin. 1828.) After adverting to cases from strangulation (cases, however, in which the actual suspension of the functions of the brain might be more justly imputed to the transmission of black or unoxxygenated blood to that organ, than to an apoplectic state of it), he notices other examples, "in which persons fall down suddenly in a state of perfect apoplexy, and very speedily recover under appropriate treatment, without retaining any trace of so formidable a malady. The apoplectic attack, as it occurs in such examples as these," he says, "must be supposed to depend upon a cause, which acts simply upon the circulating system of the brain, producing there a derangement, which takes place speedily, and is often almost as speedily removed. What the precise nature of that derangement may be, is a point of the utmost difficulty to determine," &c. And again, "the apoplectic attack is generally preceded by symptoms, indicating some derangement of the circulation in the brain." (p. 205.) Were the editor bold enough to question the accuracy of some parts of Dr. Abercrombie's valuable treatise, he should be disposed to say, that this author comprehends too many different states of disease in his view of apoplexy. Thus his 90th case (p. 212.) appears to have been only an example of ascites and hydrothorax, where death was preceded by coma and stertor. But if all diseases, which exhibit coma and stertor a little before their termination, were to be regarded as apoplexies, where would be the limit to this principle of classification? The editor would also say, that apoplexy might be characterised by the suddenness with which the fit takes place, whether preceded by other ailments, or not, and that no examples ought to be looked upon as apoplexies, in which the coma and loss of sense come on gradually, as they do in the last stage of fevers and other disorders. Apoplectic symptoms, as a critical writer observes, are known to arise from various states of the brain or its parts. It is now, says he, regarded as most expedient to restrict the appellation of apoplexy to that state of the vessels of the brain, in which they are either excessively distended with blood, or in which this fluid has escaped, either by exhalation, or rupture. (Edin. Med. Journ., No. xc. p. 83.) Dr. Abercrombie's remarks are particularly interesting, however, as proving that apoplexy should not always be ascribed to fulness of the cerebral vessels, or to extravasation, even though some unknown form of derangement of the circulation in the brain may exist. — Ed.

* *Annuaire Medico-Chirurgicale*. Avril, 1820.

whether on birds, rabbits, or dogs, the result is the same, and hence apoplexy in man ought not to be ascribed to such effusions.”

[“A person (says Dr. Abercrombie), previously in perfect health, falls down suddenly, deprived of sense and motion, and dies after lying for some time in a state of coma. We find, on examination, a large coagulum of blood compressing the surface of the brain, or filling its ventricles, and the phænomena of the disease appear to be distinctly accounted for. Another person is cut off with the same symptoms, and we expect to find the same appearances; but nothing is met with except serous effusion, in no great quantity, in the ventricles, or only on the surface of the brain. A third is seized in the same manner, and dies, after lying for a considerable time in a state of coma, from which nothing can rouse him for an instant; and, on the most careful examination, we cannot detect in his brain the smallest deviation from the healthy structure.”]*

GEN. VIII.

SPEC. V.

Carus
apoplexia.Apoplexy with
effusion of
blood, or serum,
or without
either, or any
other discover-
able morbid
change in the
brain.

* Pathological and Practieal Researehes on the Diseases of the Brain and Spinal Cord, p. 202. Edin. 1828. In considering the causes of apoplexy, pathologists must not overlook certain physical conditions of the brain; as, for instance, its enclosure in an unyielding bony case, whereby it is excluded from the influence of atmospheric pressure. So long as the skull is entire, its cavity is always completely filled by its contents, and there can be no alternate contraction and expansion of the cerebral mass, with a vacuity produced by the former between the skull and the membranes of the brain. The contents of the skull, solid as well as fluid, if not absolutely incompressible, at least are so by any force that can be applied to them during life. Yet the bloodvessels within the head will readily yield to pressure, so as to be emptied of their contents; a necessary consequence of which is a stoppage of the circulation in the part so affected. As Dr. Clutterbuck observes (Cyclop. of Pract. Med., art. APOPLEXY), the pressure may be made to take place on any part of the brain, even the most remote from the principal vessels; yet, nevertheless, the pressure, by operating through an incompressible substance, may influence vessels the most distant, so as to impede, if not wholly interrupt, the cerebral circulation. From these circumstances, the following important conclusions are drawn:—No material variation can take place, within a short period, in regard to the absolute quantity of blood in the brain. No additional quantity can be admitted into its bloodvessels, because the cavity of the skull is already completely filled by its contents. “A plethoric state, or over-fulness of the cerebral vessels altogether, though often talked of, can have no real existence; nor, on the other hand, can the quantity of blood within the vessels of the brain be diminished, any more than can wine or other fluid be drawn from a cask, without furnishing an equivalent for the portion abstracted from it, by the supply of an equal bulk of air, which, in the case of the brain, can of course find no entrance. No abstraction of blood, therefore, whether it be from the arm, or other part of the general system, or from the jugular veins (and still less from the temporal arteries) can have any effect on the blood vessels of the brain, so as to lessen the absolute quantity of blood contained within them. From the experiments of Dr. Kellie, it was found that, in animals bled to death, the brain still contained the usual quantity of blood; and, in some cases, the superficial veins were found gorged with blood, and the sinuses full; the rest of the body being at the same time blanched and drained of its blood. In a few instances the brain appeared to contain less blood than usual; but then there was found some serous exudation. When the cranium of the animals subjected to these experiments was perforated, before they were bled, the brain was as much emptied of its blood as the rest of the body. In two instances of persons that had been hanged, the cellular membrane of the whole head externally was turgid with blood; but nothing peculiar was observed in the state of the vessels of the brain itself. When blood is suddenly or rapidly extravasated any where within the skull, the space thus occupied can only be furnished by the compression and consequent emptying of the bloodvessels in other parts of the brain; and, in the same degree that this happens, it is evident that the circulation

GEN. VIII.

SPEC. V.

Carus
apoplexia.

Reconciliation
of these oppo-
site facts.

Experiments
of Serres in-
decisive, how-
ever correctly
stated, and
why.

The views of
Serres not sup-
ported by his
examination of
apoplectic
patients after
death.

How are these discrepancies to be reconciled? by what means are we to account for it, that pressure may be a cause, and may not be a cause? and that apoplexy is sometimes found with it, and sometimes without it? It is the peculiar state of the sensorium or nervous system, at the time, that makes all the difference—it is the morbid predisposition, or debility, or whatever other deviation from perfect health it may labour under at the moment of the application of the exciting cause, that gives an effect which would not otherwise take place; and something of which, in many cases, often discovers itself by precurse signs for a considerable period before the apoplectic incursion. The facts, stated by Mr. John Hunter, no one can call in question; and we have as little right to question the experiments of M. Serres: the error consists in taking an unsound and a sound state of brain for like premises, and reasoning from the effects produced on one, to those that are found to follow on the other. This, in truth, is an error too often committed; and hecatombs of quadrupeds and other animals, in a condition of perfect health, are tortured in a thousand ways, for the purpose of determining what they never could determine, though the trials were to be repeated to the end of time; I mean, the effects of certain causes on a diseased state of body in man, from their influence on a sound state of body in brutes.

M. Serres's actual examinations of apoplectic patients after death, however, though conducted also upon a large scale, do not seem to afford much countenance to his hypothesis, nor, in effect, to offer any thing out of the common way. In a considerable number of subjects, there was serous effusion, sanguineous effu-

of such parts must be interrupted. But, in the formation of tumours within the skull, and during the slow accumulation of serum from inflammation, or any other cause, the cerebral substance itself may be absorbed to an extent corresponding to the bulk of the tumour, or the quantity of serum deposited. The circulation of the brain may then go on uninterruptedly, and thus the apoplectic symptoms be prevented. But, as Dr. Clutterbuck further explains, although, under ordinary circumstances, the absolute quantity of blood contained in the vessels of the brain must remain the same, there may be great differences in regard to its distribution, and the force and velocity with which it is moved. Thus, the arteries of the brain altogether may be unusually distended with blood; but in this case the veins will be in the same degree compressed and emptied, and the circulation of the organ proportionally interrupted, with a corresponding interruption of functions. Again, as the same writer observes, there may be a partial fulness or distention of vessels in one part of the brain only; but this must be at the expense of the rest of the brain, which will be proportionally deprived of the usual supply of blood. In like manner, there may be great diversity with respect to the force and velocity of circulation in the brain; the absolute quantity of blood in the vessels still remaining the same. In this way the functions may be more or less excited, or more or less disturbed. These changes in the state of the cerebral circulation are all independent of the heart. Bloodletting, therefore, however useful in apoplexy, does not become so by diminishing in any degree the absolute quantity of blood in the brain, but by reducing the velocity and impetus of the circulation there, and which it does by influencing the general system. These peculiarities in the condition and circulation of the brain were, as Dr. Clutterbuck notices, long ago demonstrated by the late Dr. Monro, and have been recently confirmed by a variety of experiments instituted by Kellie, Abercrombie, and others, who have drawn from the whole of the investigation the important views and inferences adverted to in the foregoing observations. — ED.

sion, or both; sometimes in the eireumvolutions of the brain, sometimes in the ventricles, sometimes in all these; and not unfrequently the vessels of the meninges appeared distended with blood, and the membranes themselves thickened. Such appearances seem to furnish something of a stumbling-block to M. Serres's new doctrine, yet he readily gets over the difficulty by satisfying himself that, in all these cases, the effusion did not produce the apoplexy, but the apoplexy the effusion. In other dissections, he found some material alterations in the structure of the brain, but without effusion; and, as the class of individuals had evinced palsy rather than apoplexy, he is inclined to think, that apoplexy, or that state of the disease, in which the stupor is greater and more general, is occasioned by a morbid irritation of the *membranes* of the brain; and palsy, or that state in which the stupor is less, by a morbid change in its *substance*; in consequence of which he proposes to call the first *meningic*, and the second *cerebral* apoplexy. In this conclusion, however, there seems to be a striking mistake; and the very reverse is what we should have expected; for if there be one pathological principle more established than another, it is that stupor and dulness of pain appertain to the parenchymatous irritation or inflammation of an organ, and rousing, restless, and acute pain to its membranous irritation; a principle we have already explained at some length; and whence, indeed, the lancinating pain of pleuritis compared with pneumonitis, and of meningic or brain fever, compared with acute dropsy of the head.*

There is far more dependence to be placed upon the painful and unjustifiable series of experiments performed several years since by M. Rolando upon the brains of animals of almost all kinds; and which seem to show, as we have already observed, that animals, which possess a perfect brain, derive their sensific power and motific power not jointly from the cerebrum and cerebellum, but separately, the one affording the one power, and the other the other.† Stupor and apoplexy were in all these cases produced, not by a morbid irritation of the *membranes* of the brain, as conjectured by M. Serres, but by a morbid irritation of the *substance*, while irritation of the membrane took away neither the sensific nor the motific power.

The brain, therefore, may be rendered comatose by various causes: but we hold, after all, that the grand exciting cause of apoplexy is compression; and this shows itself in various ways, which are well enumerated by Dr. Cheyne in the following passage:—"I mention first," says he, "the remains of an excited state of the minute arteries of the brain and its membranes, this probably being the most important, as it is the most unvarying appearance; then the extravasation of blood, probably the consequence of the excited state of the vessels; the turgescence of the venous system; the enlargement of the ventricles, partial or general; and, lastly, the serous effusion, which is generally found

GEN. VIII.
SPEC. V.
Carus
apoplexia.

His subdivision
of the disease
at variance
with the best
established
pathological
facts.

Hence compression
still be allowed
the grand
exciting cause
of apoplexy.
By what means
it operates.

* See vol. ii. *Empresma Cephalitis*, Cl. III. Ord. II. Gen. VII. Spec. I.

† *Saggio sopra la vera Struttura del Cervello, &c. e sopra le Fonzioni de Sistema Nervosa.* Sassari, 1809.

GEN. VIII.

SPEC. V.

Carus
apoplexia.
Disorganisa-
tion of the
brain, some-
times pulpy or
diffluent.

Mollities cerebri
or ramollisse-
ment de
cerveau.

Regarded as
idiopathie by
some writers.

in various parts of the brain, and which would seem to imply previous absorption of the brain."*

The concluding sentence in this passage appears to indicate, that this correct and discriminating pathologist was by no means inattentive to that extraordinary change, which is not unfrequently produced in the structure and tenacity of the brain by various causes of excitement; and consists in a more or less extensive demolition of its substance, so that it is sometimes found to be pulpy or pasty, and at others, the disorganisation having proceeded farther, to be as liquescent or diffluent as soup. Morgagni has collected various examples of these and other modes of disintegration; Dr. Baillie has occasionally adverted to them†; and Dr. Abercrombie has brought them into a still more prominent notice by an ingenious pathological explanation of their cause.‡ But, in France, the subject has been pursued with peculiar activity, since the publication of the first edition of the present work, and has excited an interest of no ordinary standard. To this change, M. Roehoux has given the name of *ramollissement de cerveau*, or mollities cerebri§, and its nature and varieties have since been followed up, and systematically arranged with considerable nicety and precision, by M. Rostan||, and M. Lallemand¶, who have regarded it as an idiopathic affection, and attempted a development of its entire pathology and mode of treatment. Its

* Cheyne, p. 24. M. Bouilliaud maintains the doctrine, that chronic inflammation of the cerebral vessels, or a diseased state of their coats, has a principal share in the production of apoplexy. (Recherches, &c. in Mém. de la Soc. d'Emul., tom. ix. Paris, 1826.) The connection between hemorrhage of the brain and disease of the arterial system has been noticed by Morgagni, Lieutaud, Baillie, Hodgson, and others. In one case of apoplexy, recorded by the latter writer, a copious effusion of blood was found beneath the arachnoid coat at the base of the brain, and to have escaped from an aneurismal sac, as large as a horse-bean, communicating with the basilar artery, where it divides into the cerebellic and posterior cerebral branches. (On Diseases of Arteries and Veins, p. 76.) In another instance, detailed by the same surgeon, there was apoplectic hemorrhage from disease of the ramifications on the pia mater (p. 26. case iv.). But, a full confirmation of cerebral hemorrhage being frequently connected with disease of the vessels of the brain, may be found in the essay of M. Bouilliaud, who has adduced cases on this point from Lallemand, Serres, De Haen, and other eminent authorities. As a critical writer observes, however, this author can claim no other merit than that of stating a fact "which has been familiarly known to us since the days of Willis, which was converted into a solid and substantial principle by Cullen, and which received the most undeniable confirmation from the researches of Portal and Roehoux in France, and from those of Baillie, Cheyne, and Abercrombie in this country. When," says this same reviewer, "it is remembered how difficult it is to adduce examples of genuine and unequivocal apoplexy from direct impairment of nervous energy, or of what is termed *nervous apoplexy* by Zuliani, Kortum, Kirkland, and Abernethy, it will not be regarded as a proof of too extensive a generalisation to maintain, that *apoplexy consists in an affection of the vascular system of the brain only.*" (See Edin. Med. Journ., No. xc. p. 88.)—Ed.

† Morbid Anatomy, fascic. x. pl. iii. p. 213., and pl. viii. 227, 228.

‡ Edin. Med. and Surg. Journ., vol. xiv. p. 265. Observations on Chronic Inflammation of the Brain; also, Pathological and Practical Researches on Diseases of the Brain, &c. pp. 81. 86. 129, &c. 8vo. Edin. 1828.

§ Recherches sur l'Apoplexie. 8vo. 1814.

|| Recherches sur une Maladie encore peu connue qui a reçu le nom de Ramollissement de Cerveau. 8vo. 1820.

¶ Recherches Anatomico-pathologiques sur l'Encéphale et ses dépendances. 1821.

actual cause is often doubtful; and still more doubtful is it, whether it ever exists as a primary disease. That inflammation, consequent on congestion or rupture of the blood-vessels of the brain, is a frequent cause is clear, because the minute and colourless arterics of the part affected are often found striated or infiltrated, as the French call it, with red blood, and a clot of effused blood is traced in the centre. The inflammatory process hereby produced is sometimes violent and passes rapidly into the suppurative stage, accompanied with severe lancinating pains, and a feeling of constriction round the head, and even delirium; and hence this condition is as common a result of cephalitis as of what we shall presently have occasion to call entonic apoplexy. The soft, pulpy disorganization of the brain is in this case often intermixed with masses of pus, while the general hue of the diseased part is brown or reddish from a diffusion of the red particles of the blood that have been let loose; and as the extravasated blood becomes more or less decomposed and intermixed with the white or gray matter of the brain, and with effused serum, the colour is found to vary considerably through all the diversities of white, gray, yellow, rosy, amaranthine, deep red, brown, chocolate, and greenish. The gray substance of the brain, however, as less tenacious, is found more generally diffuent and more completely decomposed than the white.

More usually, however, the inflammation is far less violent, or it is even chronic; and the symptoms are those of an obtuse pain in the head, general oppression, occasional vertigo, with indistinctness of memory, and confusion of thought, the pulse evincing but little, if any change, from a state of health. But as these symptoms are common to various other diseases, their pathognomonic value is small. There are two other signs, however, pointed out by the French monographists as more essentially distinctive, but which the present writer has never had an opportunity of noticing: these are a mouse-smell, or odour issuing from the body of the patient; and a movement of the lips on one side, accompanied with a rushing or whizzing sound, like what is often exhibited by smokers in the act of smoking tobacco. For the production of these last symptoms, however, it is necessary that the disease should be accompanied with hemiplegia, so that one side of the mouth only is capable of motion.

By far the greater number of these symptoms, however, indicate atony, rather than entony of action; and hence, though inflammation is not unfrequently a proximate cause, debility, whether consequent upon inflammation, or any other morbid change, is, perhaps, a more common cause. Hence in our own country this organic mollescence has usually been regarded as a gangrene of the brain, and many of the French pathologists, and especially M. Recamier, incline to interpret it as a result of low atonic or malignant fevers, rather than of phlogotic action. With M. Rostan and M. Lallemand, however, it is ranked as a direct phlogosis, or phlegmasia, not resulting from apoplexy, but necessarily conducting to it and producing it. Yet, as, according to their own showing, the leading symptoms are those of turgescence and oppression, with little increase of pulse or other excitement, it should seem to follow, that they have in a considerable degree

GEN. VIII.

SPEC. V.

Carus

apoplexia.

Actual cause doubtful.

Disease sometimes rapid and accompanied with inflammation.

Sometimes chronic and inflammation doubtful.

Supposed pathognomonic symptoms.

In general atony indicated rather than entony.

GEN. VIII.
SPEC. V.
Carus
apoplexia.

mistaken the cause for the effect, even where inflammation is co-existent.

In reality, though there is no difficulty in accounting for the extravasated blood or the vascular infiltration, or the depraved colours, which are found in this state of the brain, upon the principle of inflammation, there is a considerable difficulty in explaining upon the same principle the mollification of the diseased area: and it is upon this point, that the pathology of the French writers seems chiefly to fail.

Morbid action
explained.

Hardness and
softness of the
brain accounted
for.

The real mode of action, as it appears to the present writer, is the same as that which takes place in mollification of the bones, which we shall explain in a subsequent part of this system; but which, as well as its opposite, fragility of the bones, is always a disease of weakness local or general. Now we meet with a like deviation from a healthy tenacity of the brain in both these ways; for we find it sometimes too tough, and indeed almost horny*; as well in the gray as in the white compartments, occasionally, indeed, interspersed with masses of bony matter†; and at other times, as in the disease before us, too, soft and unresisting; and in both these cases, also, if I mistake not, debility will be found the immediate cause even where inflammation has preceded. The firm and tenacious material, which enters so largely into the substance of the brain, and particularly into the white part, is a secretion *sui generis*, and so long as the secretants and absorbents of this organ maintain a healthy action, and precisely counterbalance each other, this material will be duly supplied, and in a healthy state, as it is wanted, and duly removed to make way for a fresh recruit as it becomes worn out. But if the organ from any cause become weakened in its vascular powers, that weakness will extend to one or both the sets of vessels we are now considering, and the result will necessarily be the existence of brainy matter of a depraved and untempered tenacity. In proportion as the compages of the brain becomes looser and less resistible, effusions of serum and red blood, ulceration, gangrene, and a total dissolution of the entire substance, must in many cases follow as a natural result, and in the order here stated. And hence, in cancer of the brain, the substance of the organ is always found in a soft or mollescent state. As a further proof, that this peculiar change is for the most part a result of debility, it is admitted by both M. Rostan and M. Lallemand, that it is by far most frequently met with in persons of advanced age; the former, indeed, asserts roundly, that, in the whole extent of his practice, he has never met with more than one instance, in which he was suspicious of it at or under the age of thirty, and as examination after death was not here allowed him, he does not regard even this case as of any moment.‡

Pulpy brain
chiefly found
in the weakness
of advanced
age.

It is singular that the congestive fluid, instead of proving a mate-

* Morgagni, *passim*.

† See the accounts of Duverney, Giro, and Moreschi, especially in *Gazette de Santé*. Paris, Nov. 11. 1809.

‡ The softening of textures during life is ascribed, by Professor Carswell, to three causes:—1. inflammation; 2. obliteration of arteries; 3. modifications of nutrition. It is laid down as a general rule, that every organ or tissue, affected with acute inflammation, undergoes at the same time a diminution of consistence. Dr. Carswell represents the process of softening as being accomplished “under

rial elaborated by the animal frame itself, should sometimes consist of a foreign material recently received into the stomach. Dr. Cooke has given a case strikingly in proof of this, which I shall offer in his own words: — “I am informed by Sir Anthony Carlisle that, a few years ago, a man was brought dead into the Westminster Hospital, who had just drank a quart of gin for a wager. The evidences of death being quite conclusive, he was immediately examined; and within the lateral ventricles of the brain was found a considerable quantity of a limpid fluid distinctly impregnated with gin, both to the sense of smell and taste, and even to the test of inflammability. “The liquid,” says Sir Anthony Carlisle, “appeared, to the senses of the examining students, as strong as one third gin to two thirds water.” *

On examining the different sources of a compressed brain, as we have just enumerated them, it will be obvious, that they bespeak a very different, and, indeed, opposite state of vascular action in different cases; and that, while some of them necessarily imply a vehement and entonic power, others as necessarily imply an infirm and atonic condition. The external symptoms, from the first, speak to the same effect; and hence, from an early period of time, — as early at least as that of La Rivière or Riverius † — apoplexy has been contemplated under two distinct forms or varieties, which have commonly been denominated sanguineous, and pituitous or serous; as though the former proceeded from an overflow of blood highly elaborated by a vigorous and robust constitution, and rushing for-

GEN. VIII.

SPEC. V.

Carus
apoplexia.Nature of the
congestive fluid
sometimes very
singular, and
has been ardent
spirits.

Illustrated

These different
sources of com-
pressed brain
bespeak an
opposite state of
vascular action.and hence apo-
plexy has long
been contem-
plated under
two distinct
forms:a sanguineous
from excess of
energy, and a
serous from
deficient
energy.

the immediate influence of a mechanical agent on the one hand, and a vital agent on the other. Thus, the effused fluids separate mechanically the molecules of the tissue, which the cessation of nutrition had deprived of their vital properties; or, in other words, the cessation of nutrition deprives the molecules of those properties, on which their power of aggregation depends, and, in this state, they are separated and detached by the effused fluids.” (Illustrations of the Elementary Forms of Disease, fasciculus 5.) Softening from obliteration of arteries occurs only in the brain, and at an advanced period of life. “It is,” observes Dr. Carswell, “this kind of softening which was first described by M. Rostan, as a disease *sui generis*, as entirely opposite in its nature to inflammation, and which he likened to *gangræna senilis*. The opinion of this author met with strong opposition from Lallemand, of Montpellier, who maintained that softening of the brain is always the consequence of inflammation.” But Dr. Carswell considers the latter view as far from the truth as the former is ambiguous and inconclusive; and he thinks that the real nature of this disease, to which the brains of aged persons are so liable, has not hitherto been ascertained. It has been conjectured to originate in ossification of the arteries; yet even M. Rostan, among the great number of cases of softening of the brain detailed in his work, has not given a single instance in which ossification and obliteration of the arteries are mentioned as having been observed on dissection. The coloured engravings contained in Dr. Carswell’s publication, illustrative of the softening of various textures, and especially of the brain, are among the finest specimens of the power of the pencil

facilitate the comprehension of the morbid changes to which the several textures of the body are liable. The work in which they are published, entitled “Illustrations of the Elementary Forms of Disease,” 4to. Lond. 1833-4, is deserving of every possible encouragement, and should be attentively studied by every medical man desirous of becoming a good pathologist. — Ed.

* On Nervous Diseases, vol. i. p. 221. Schrader has a similar case, *Observ. Anat. Med.*, decad. iv. Amst. 1674; as also Wepffer, *Observ. Medico-Pract.*, p. 7. Scaph. 1722.

† *Praxis Medica*. 8vo. Lugd. 1670.

GEN. VIII.
SPEC. V.
Carus
apoplexia.

ward with great impetuosity ; and the latter, from thin dilute blood, or a leucophlegmatic habit, from the relaxed mouths of whose vessels a serous effusion is perpetually flowing forth. Morgagni has endeavoured to show, but without success, that this distinction was in existence among the Greek writers. It is a distinction, however, that runs, not only through his own works, but through those of Boerhaave, Sennert, Mead, Sauvages, and Cullen, and is acknowledged by most practitioners of the present day.

The term serous
or pituitous
objected to as
not always
expressive of the
actual state of
the brain in
atonic cases :
and hence by
some writers
the terms strong
and weak

The term pituitous or serous, however, has been objected to as not always expressing the actual state of the brain in atonic apoplexy ; since no serum has been found at times in cases where the symptoms of debility have peculiarly led those pathologists to expect it who have employed the distinctive term ; while the cavities and interstitial parts of the brain have, on the contrary, been sometimes found as much loaded with blood, as in what they denominate sanguineous apoplexy. And hence, Forestus and a few other writers have been disposed to exchange the terms sanguineous and serous, for strong or perfect, and weak or imperfect, apoplexy.* How far

* " The distinction, which has been proposed," says Dr. Abercrombie, " betwixt sanguineous and serous apoplexy, is not supported by observation. The former is said to be distinguished by flushing of the countenance and strong pulse, and by occurring in persons in the vigour of life ; the latter by paleness of the countenance and weakness of the pulse, and by affecting the aged and infirm ; and much importance has been attached to this distinction, upon the ground, that the practice, which is necessary and proper in one case, would be improper and injurious in the other. I submit, that this distinction is not founded upon observation ; for, in point of fact, it will be found, that many of the cases, which terminate by serous effusion, exhibit, in their early stages, all the symptoms which have been assigned to the sanguineous apoplexy ; while many of the cases, which are accompanied by paleness of the countenance and feebleness of the pulse, will be found to be purely sanguineous." (*Pathological and Practical Researches on Diseases of the Brain and Spinal Cord*, p. 218. 8vo. Edin. 1828.) The divisions of apoplexy, laid down by this interesting writer, are exceedingly judicious. He arranges all cases into three classes : — First, those which are immediately and primarily apoplectic ; secondly, those which begin with an attack of a sudden headache, and pass gradually into apoplexy ; thirdly, those which are distinguished by palsy and loss of speech, without coma. (p. 208.) However, though the second class of cases are stated to pass gradually into apoplexy, we find, on referring to the details, given by Dr. Abercrombie (p. 221.), that he only means, that the disease is preceded by violent headache, &c., and not that the apoplectic attack itself, when it does come, is not sudden. From the history of such cases, he believes, " that they depend upon the immediate rupture of a considerable vessel, without any previous derangement of the circulation, the rupture probably arising from disease of the artery at the part which gives way. At the moment when the rupture occurs, there seems to be a temporary derangement of the functions of the brain, but this is soon recovered from. The circulation then goes on without interruption, until such a quantity of blood has been extravasated as is sufficient to produce coma." (p. 223.) According to the same authority, the source of the hemorrhage, in this class of cases, is exceedingly various. 1. The most common appears to be the rupture of a vessel of moderate size in the substance of the brain, from which the blood bursts its way by laceration either into the ventricles, or to the surface, or in both these directions at once. In general, the hemorrhage cannot be traced to particular vessels, though Dr. Cheyne succeeded in some instances. A case is described by Serres, in which the rupture took place in the substance of the pons Varolii, and the blood made its way into the occipital fossa. 2. The superficial vessels ; the blood generally accumulating betwixt the dura mater and the arachnoid ; but cases are recorded, in which it lay beneath the pia mater, and appeared to have been discharged from the retiform plexus of vessels at the base of the brain. 3. From ulceration and rupture of one of the arterial trunks. Dr. Mills has described a

a modification of this disease, strictly serous, may be said to exist, we shall examine presently ; but that apoplexy is continually showing itself under the two forms of entonic, and atonic action, seems to be admitted by all. And, as the terms sanguineous and serous do not sufficiently express this change of condition in every instance, the author, in proceeding to treat of these two varieties, will, for the future, distinguish them as follows :—

- | | |
|----------------------------------|--|
| α Entonica.
Entonic apoplexy. | With a hard full pulse, flushed countenance, and stertorous breathing. |
| β Atonica.
Atonic apoplexy. | With a feeble pulse, and pale countenance. |

In ENTONIC APOPLEXY the fit is, for the most part, sudden and without warning ; though a dull pain in the head occasionally precedes the attack, accompanied with a sense of weight or heaviness, somnolency and vertigo. The inspirations are deeper than natural ; the face and eyes are red and turgid, and blood bursts from the nostrils. On the incursion of the paroxysm, the patient falls to the ground, and lies as in a heavy sleep, from which he cannot be roused. The breathing is strikingly oppressive ; though at first, perhaps, slow and regular, increasing in frequency, weakness, and irregularity with the progress of the fit, till at length it becomes, in many cases, intermitting and convulsive.

It is in this form of the disease that we chiefly meet with, and are almost sure to find, a snoring or stertorous breathing, which, though not a symptom of apoplexy as a species, may be ranked as a pathognomonic character of the particular form before us. And to

GEN. VIII.

SPEC. V.

Carus apoplexia. apoplexy have been used in their stead, distinctly alluding to an entonic and atonic action, and laying a foundation for two varieties with these names.

α C. Apoplexia entonica.

Approach of the disease :

occasional precursive signs.

Incursion.

Stertorous breathing almost always present in this form of the disease.

case, in which the hemorrhage was traced to ulceration of the basilar artery, and a similar affection of the internal carotid is described by Morgagni and Serres. 4. From the vessels of the choroid plexus, as described by De Haen. " This," says Dr. Abercrombie, " may probably be the source of the hemorrhage, when the blood is confined to the ventricle, without any laceration of the substance of the brain." 5. Rupture of one of the sinuses, as in a case described by Dr. Douglas. (Edin. Med. Ess., vol. vi.) 6. From the rupture of small aneurisms in the basilar artery (Serres), circle of Willis, &c. (Archiv. Gén. de Méd.) 7. Lastly, Dr. Abercrombie refers to a very uncommon case (Med. Surg. Reg. of New York), in which the bleeding took place betwixt the dura mater and the bone from ulceration of a vessel, produced by caries of the inner surface of the left parietal bone. In the most common form of this disease, or that in which the hemorrhage proceeds from a vessel in the substance of the brain, Dr. Abercrombie supposes the rupture to take place from disease of the artery itself, without any relation to that congestive or hemorrhagic condition, making what he terms simple apoplexy. It consists sometimes of ossification of the arteries in various places, and sometimes of that peculiar earthy brittleness, which Scarpa has described as leading to aneurism ; and the canal of the artery will be found in many places to be considerably narrowed, or contracted at the hardened parts, and sometimes entirely obliterated. In other cases, numerous branches of the principal arteries of the brain will be found to present a succession of small opaque osseous rings, separated from one another by small portions of the artery in a healthy state. Dr. Abercrombie says, that this is a very common appearance in the brains of elderly persons. In some other cases, the inner coat of the artery is much thickened, of a soft pulpy consistence, and very easily separated. (See Abercrombie's Pathological and Practical Researches on Diseases of the Brain, &c. pp. 239—242.) These observations cannot fail to be highly interesting. — Ed.

GEN. VIII.

SPEC. V.

α C. Apoplexia
entonica.

Further
illustrated.

Stertor con-
tinues even in
weakness of the
last gasp.

Frothy saliva
on the lips.

Cornea dull,
pupil dilated.

Sometimes
spastic or con-
vulsive action.

Pupil some-
times con-
tracted,
particularly
observed by
Cooke.

Duration of
the paroxysm.

Has extended
to three days
with recovery.

Sequel of the
disease.

When hemi-
plegia, usually
on the opposite
side of the body
from that of the
brain when
there is effused
blood.

the same effect Dr. Cooke and the most celebrated pathologists who have preceded him. "Boerhaave," says he, "measures the strength of the disease by the degree of stertor; and Portal agrees with him in opinion on this subject; observing, that respiration in apoplexy is greatly impeded and the motions of the breast are very apparent. We hear a noise of snoring or stertor," he says, "which is great in proportion as the apoplexy is strong. In all the cases of strong apoplexy which I have seen, the respiration in the beginning of the paroxysm was laborious, slow, and stertorous; and in those which proved fatal, this symptom, as far as I can recollect, remained, even when the breathing had become weak and irregular."* There is also often an accumulation of frothy saliva, or foam, which is occasionally blown away from the lips with considerable force.

The skin is about the ordinary temperature, and covered with a copious perspiration, or a clammy sweat; the pulse is full and hard, the face flushed, the eyes blood-shot and prominent, and generally closed. The cornea is dull and glassy, and the pupil for the most part dilated. In a few cases, however, there is a tendency to either spastic or convulsive action, spreading sometimes over the limbs, but more generally confined to the muscles of the face; insomuch that, under the first, the teeth are firmly elosed, and deglutition is impeded. And where this state exists the pupil is contracted, as in a synizesis, sometimes, indeed, almost to a point. This last feature has been rarely dwelt upon by pathologists, whether of ancient or modern times: but it has not escaped the observant eye of my accurate and learned friend Dr. Cooke:—"In some instances," says he, "I have seen the pupil contracted almost to a point, and a physician of eminence of my acquaintance has likewise observed this appearance of the eyes in apoplexy: yet, although all writers on the subject mention the dilated pupils, I do not find any one, Aretæus among the ancients, and Dr. Cheyne among the moderns, excepted, who has noticed the contracted pupil."†

The paroxysm varies in its duration, from eight to eight and forty hours, and sometimes exceeds this period. Dr. Cooke quotes from Forestus the case of a woman, who being seized with an apoplexy, which he calls *fortissima*, lay in the fit for three days, and afterwards recovered. We have already observed, that, where it does not prove fatal, it predisposes to a relapse, and often terminates in a lesion of some of the mental faculties, or in a paralysis more or less general: commonly, indeed, in a hemiplegia, which usually takes place on the opposite side of the body from that of the brain in which the congestion or effusion is found, on examination, to have taken place. "This," says Dr. Baillie, "would seem to show, that the right side of the body derives its nervous influence from the left side of the brain, and the left side of the body its nervous influence from the right side of the brain. It is rarely, indeed, if ever, that some of the turgid vessels of the brain are not ruptured in this form of the disease, and consequently produce an effusion of blood into some part of the organ of the brain." And, according to the same distinguished writer, the part where the rupture most commonly takes place is its medullary substance near the lateral ventricles, some portion of the extravasated fluid often escaping into these cavities.‡

* On Nervous Diseases, vol. i. p. 171.

† Ibid., p. 174.

‡ Morbid Anat., p. 227.

ATONIC APOPLEXY is the disease of a constitution infirm by nature or enfeebled by age, intemperance, or over-exertion of body or mind. It has more of a purely nervous character, as we have already observed, than the preceding variety, and is more a result of vascular debility than of vascular surcharge, and consequently where effusion of blood is found, as it often is, in the present form, the vessels have been ruptured, not from habitual distension or vigorous plethora, but from accidental, often, indeed, slight causes, that have produced a sudden excitement and determination to the head beyond what the vascular walls are capable of sustaining. Hence, a sudden fit of coughing or vomiting, a sudden fright, or fit of joy, an immoderate fit of laughter*, the jar occasioned by a stumble in walking, or a severe jolt in riding, have brought on the present form of apoplexy, and with so much the more danger as the system possesses less of a remedial or rallying power in itself.

In most of the cases the effusion detected after death has, therefore, been as truly sanguineous as in entonic apoplexy; and hence a valid objection to the use of the term sanguineous as descriptive of the entonic form alone. "It is," says M. Portal, "an error to believe, that the apoplexy to which old men are so much subject, is not sanguineous." Daubenton and Le Roy, Members of the Institute, died of this precise kind of the disease at an advanced age; and Zulianus describes a case marked by a pale countenance, and a pulse so weak as scarcely to be felt, which, on examination after death, was found to be an *apoplexia verè sanguinea*: and another in which, after all the symptoms of what is ordinarily called serous apoplexy had shown themselves, extravasated blood was discovered in the brain, without any effusion of serum, or the smallest moisture in the ventricles.†

It is nevertheless true, that atonic apoplexy is often found with an effusion of serum, instead of an effusion of blood, and apparently produced by such serous effusion; and hence, notwithstanding the objections of Dr. Abercrombie, and, in the latter years of his practice, of M. Portal, to serous effusion as a cause at all‡, the expe-

GEN. VIII.

SPEC. V.

β C. Apoplexia atonica.

A result of vascular debility rather than of vascular surcharge:

and hence here also the vessels of the brain have been found ruptured, from their own weakness.

And hence an objection to the term sanguineous apoplexy as descriptive of the entonic form alone.

Illustrated.

Yet this form often found with an effusion of serum, and apparently produced by it, as conjectured by very high authorities.

* Aretæus de Sign. et Caus. Diut. Morb., lib. i. cap. 7.

† See also Burser. de Apoplex., p. 82. Cooke, ut sup.

‡ The following conclusions of Dr. Abercrombie, the editor of this work is disposed to adopt as most consonant to facts:—

1. There is a modification of apoplexy, which is fatal, without leaving any morbid appearance that can be discovered in the brain. 2. There is another modification, in which we find serous effusion often in small quantity. 3. The cases which are referrible to these two classes, are not distinguished from each other by any such diversity of symptoms as can be supposed to indicate any essential difference in their nature. 4. Without any apoplectic symptoms, we find serous effusion in the brain in an equal, or in a greater quantity, than in the cases of the second modification. 5. It is therefore probable that, in these cases, the effusion was not the cause of the apoplectic symptoms. 6. It is probable, that the cases of the first modification depend upon a cause, which is entirely referrible to a derangement of the circulation in the brain distinct from inflammation. 7. It is probable, that the cases of the second modification are, at their commencement, of the same nature with those of the first; and that the serous effusion is to be considered as the result of that peculiar derangement of the circulation, which constitutes the state of simple apoplexy. In short, Dr. Abercrombie considers the serous modification as simple apoplexy terminating by effusion. (On Diseases of the Brain, &c. p. 220.) With respect to the impossibility of detecting any morbid appearances in some cases of apoplexy, we are

GEN. VIII.
SPEC. V.
β C. Apoplexia
atonica.

Effused serum
may become,
though rarely,
a cause of
tonic apo-
plexy.

Explained,

Serous apo-
plexy, as
commonly
understood, the
result of a
debilitated
constitution.

Hence tonic
apoplexy com-
monly more
slow in its
progress than
tonic.

ricnee and reasoning of Boerhaave, and Hoffman, and Mead, and Sauvages, and Cullen, must not be abruptly relinquished without far graver proofs than have hitherto been offered: for if it be a question, as Stoll has made it, whether effused serum, when discovered in the brain of those who have died of apoplexy, be a cause of the disease or an effect *, we may apply the same question to effusion of blood. It is possible, indeed, for effused serum to become occasionally a cause even of tonic apoplexy, or that which, from its symptoms, is ordinarily denominated sanguineous apoplexy; for it is possible for the exhalants of the brain to participate so largely in the high vascular excitement by which this form of the disease is characterised, as to secrete an undue proportion of effused fluid into any of its cavities, and thus become as direct a cause of apoplexy as extravasated blood.

This, however, is not what is generally understood by the term serous apoplexy as distinguished from sanguineous, and, indeed, ought only to be regarded as an effect of sanguineous distension. † Serous apoplexy, properly so called, is strictly the result of a debilitated constitution, and especially of debility existing in the excremental vessels of the brain, whether exhalants or absorbents. ‡ I say, absorbents, because although lymphatics have not yet been discovered in this organ, there must be vessels of some kind or other to answer their purpose, and the extremities of the veins have been supposed thus to act; a supposition which has derived countenance from various experiments of M. Magendie, to which we shall have to advert in the Proem to the sixth class, and which may at least stand as an hypothesis till the proper system of vessels is detected.

Hence, tonic apoplexy rarely makes its attack altogether so incontinently as tonie; and is commonly preceded by a few warning symptoms. These are often, however, nothing more than

not to infer from it, that a minute derangement of the structure of the brain, some alteration of its consistence, or some diseased action of its vessels, may not frequently have been concerned in the production of the disease, though overlooked, or not demonstrable after death. — Ed.

* Prælect., p. 367.

† Here, and in the preceding sentence, the author admits one of Dr. Abercrombie's principal conclusions, somewhat differently expressed, namely, that serous apoplexy is a consequence of some derangement in the cerebral circulation, though what this derangement may be, is not defined further, than that it is unaccompanied with any visible morbid appearances in the brain after death. — Ed.

‡ Dr. Clutterbuck regards serous apoplexy differently from our author. He conceives that no absolute line of distinction can be drawn between the sanguineous and serous forms of the disease: "they are, in fact, frequently found in combination, or rather to be considered as mere varieties of one and the same affection. Serous accumulations in any of the cavities of the body are, in most instances, the result of membranous inflammation; not, in general, of an acute, but rather of a chronic, or protracted description. This primary dependence of serous accumulations, or dropsies, as they are called, on inflammation, is not always distinctly seen, on account of the mildness of the inflammatory symptoms at first, and their often having passed away without notice, leaving the accumulation of fluid behind. Still there are but few cases in which the connection of dropsy with inflammation, as its primary source, may not be traced by accurate enquiry. This applies to the brain as much as to other parts." See Cyclop. of Pract. Med., art. APOPLEXY, p. 131. — Ed.

the ordinary precursors of other nervous affections, as vertigo, cephalæa, imaginary sounds, a faltering in the speech, a failure in the memory or some other mental faculty, and at length a sense of drowsiness, and a tendency to clonic spasms. On the attack of the paroxysm, the patient is as completely prostrated as in the entonic variety, but the symptoms are less violent, though not on this account less alarming, in consequence of the greater debility of the system. The countenance is here pale or sallow, instead of being flushed, but at the same time full and bloated; the pulse is weak and yielding, sometimes, indeed, not easy to be felt; and the breathing, though always heavy and laborious, not always, as we have already observed, noisy or stertorous. If spasms occur, they are uniformly of the convulsive or clonic kind. The duration of the fit varies, and if the patient recover, he is more liable to a relapse, and more in danger of hemiplegia or some other form of paralysis, than in the stronger modification of the disease.

From these remarks on the two varieties of apoplexy, we may readily see why this complaint, and its ordinary associate or sequel, palsy, should be about equally common to the poor and to the rich: for frequent exposure to cold and wet, severe and long protracted exercise, and a diet below what is called for, will often be found to produce the same debilitating effects as ease, indolence, luxury, and indulgence at too sumptuous a table. And hence, contrary to what many would expect, Sir Gilbert Blane has observed from accurate tables, kept with minute attention and derived from a practice of ten years in St. Thomas's Hospital, and his private consultations, that "there is a considerably greater proportion of apoplexies and palsies among the former than among the latter:" or, in other words, that these disorders bear a larger proportion to other diseases among the lower classes, than among those in high life. "Some cases of hemiplegia," says he, "occur in full habits; some in spare and exhausted habits. The former, being most incident to the luxurious and indolent, most frequently occur in private practice, and among the upper ranks of life. The latter occur more among the laborious classes, and among such of the rich as are addicted to exhausting pleasures."*

In forming our prognostic, a special regard must be had to the peculiar character of the disease. Generally speaking, atonic apoplexy is more dangerous than entonic, for we have here a more barren field to work upon, and nature herself, or the instinctive power of the living frame, has less ability to assist us. As to the rest, in either modification, the degree of danger will be generally measured by the violence of the symptoms. Where, under the first variety, the breathing is not much disturbed, the pupil is relaxed, and there is no appearance of spastic action; where the perspiration is easy, the skin warm rather than hot, the bowels are readily kept in a due state of evacuation, and more especially where there is any spontaneous hemorrhage, as from the nose or hemorrhoidal vessels, and of sufficient abundance, we may fairly venture to augur favourably. But where the symptoms are directly opposed to these; where the stertor is deep and very loud†, and

GEN. VIII.

SPEC. V.

β C. Apoplexia atonica.

Precursive signs.

Incursion.

Duration of the fit varies.

Disease under one form or other equally common to the poor and the rich.

Illustrated from Blane's tables.

Prognostic.

Atonic apoplexy more dangerous than entonic, and why.

In other respects the danger parallel with the violence of the symptoms.

Favourable signs.

Unfavourable.

* Trans. Medico-Chir. Soc., vol. iv. p. 124.

† Dolæus, p. 144.

GEN. VIII.
SPEC. V.
β C. Apoplexia
atonica.

particularly where it is accompanied with much foaming at the mouth*; where the teeth are firmly clenched, or a spasm has fixed rigidly on the muscles of deglutition, and the pupil, instead of being dilated, is contracted to a point, we have little reason to expect a favourable termination.

A contracted
pupil a sign
of great danger,
and why.

The great hazard resulting from this tendency to spastic action, and particularly as evidenced in a strongly contracted pupil, is thus forcibly pointed out by Dr. Cooke:—"Among the dangerous signs in apoplexy, many authors mention a dilated state of the pupil of the eye: but the contracted pupil, which I consider to be a still more dangerous appearance, has been scarcely noticed. I am of opinion, that this ought to be reckoned among the very worst symptoms of the disease. I never knew a person recover from apoplexy when the pupil was greatly contracted. My opinion on this subject is confirmed by that of Sir Gilbert Blane and Dr. Temple."†

Convulsions
whether
dangerous.

Dr. Cheyne, in like manner, regards convulsions as a source of great danger: while M. Portal, on the contrary, thinks they sometimes announce a diminution of the morbid cause. The latter reasons from the fact, that when, in living animals, a slight pressure has been made on the exposed brain, convulsions have taken place; while, if the pressure be increased in power, general stupor with stertor and difficult respiration have followed, instead of convulsions; an ingenious conclusion, but not exactly applicable, since in the one case the brain is in a morbid and in the other in a sound state; whence the premises, on which the reasoning is founded, are not parallel.‡

Medical
treatment.
Importance
of a timely
attention to the
precursive
signs.
Bleeding when
to be pursued
with caution.
When abso-
lutely necessary
even in atonic
apoplexy.

In the treatment of apoplexy, if we be timely consulted during the existence of the precursive signs which have been noticed as occasionally taking place, we shall often find it in our power completely to ward off a paroxysm by bleeding, purgatives, perfect quiet, and, in the entonic variety, a reducent regimen. Where, however, the pulse and other symptoms give proof of weak vascular action and nervous debility, the depleting plan should be pursued with caution, and it will be better to employ cupping-glasses than venesection, and, in some instances, to limit ourselves to purgatives alone. Yet, whatever be the degree of general debility, if the proofs of compression or distension be clear, as those of drowsiness, vertigo, and a dull pain in the head, it will be as

* Burser., p. 97.

† Id., p. 280.

‡ The following passage from Dr. Abercrombie's work, in relation to the prognosis, deserves attention:—"From the facts which have been related, we have seen reason to believe, that there is a modification of apoplexy, which is fatal, without leaving any morbid appearance, and which probably depends upon a deranged condition in the circulation in the brain. We have also seen grounds for believing, that the cases, which terminate by effusion, are probably at their commencement in this state of simple apoplexy. We have seen farther, that we have no certain mark, by which we can ascertain the presence of effusion; and, finally, we have found, that even extensive extravasation of blood in the brain may be entirely recovered from by the absorption of the coagulum. These considerations give the strongest encouragement to treat the disease in the most active and persevering manner. They teach us, also, not to be influenced in our practice by the hypothetical distinction of apoplexy into sanguineous and serous; and, finally, not to be hasty in concluding, that the disease has passed into a state in which it is no longer the object of active treatment." *Pathol. and Pract. Researches on Dis. of the Brain*, p. 288.

neccessary to have recourse to bleeding, either locally or generally, as in entonic apoplexy; for such symptoms will assuredly lead to a fit, unless timely counteracted and subdued.

"In the actual paroxysm of apoplexy," says Dr. Cooke, and I quote his words because it is impossible to exchange them for better, "the patient should, if possible, be immediately carried into a spaeious apartment, into which cool air may be freely admitted. He should be placed in a posture which the least favours detcrmination of blood to the head: all ligatures, especially those about the neck, should be speedily removed, and the legs and feet should be placcd in warm water, or rubbed with stimulating applications. These means may be employed in all cases of apoplexy*:" and are consequently equally applicable to both the forms under which we have contemplated the disease. The collateral means to be had recourse to require discrimination, and it will be most convenient to consider them in relation to the actual form, under which the apoplexy presents itself.

In ENTONIC APOPLEXY, copious and repeated bleeding seems, primâ facie, to offer the most rapid and effectual remedy we can have recourse to: yet the opinions of the best practitioners, as well in ancient as in modern times, have been strangely at variance upon this subject. Hippocrates, who regarded apoplexy as chiefly dependent upon a weak and pituitous habit, discountenanced the use of the lancet, as adding to the general debility: and even where it is accompanied with symptoms of strong vascular action, he discountenanced it equally, from an idea that the case was utterly hopeless. The authority of Hippocrates has had too much influence with physicians in all ages, and has extended its baneful effects to recent times, and, in some instances, even to our day. Hence Forestus tells us, that in strong or entonic apoplexy, no courageous plan ought to be attempted, no venesection, no pills: we may, indeed, to please the by-standers, have recourse to the remedia leviora of frictions, and injections, and ligatures round the arms and thighs: "and where," says he, "we have not found these succeed — in rationem sacerdotibus commiserimus."

In our own country, the same timid feeling has been particularly manifested by Dr. Heberden and Dr. Fothergill, but on grounds somewhat different. These excellent pathologists have chiefly regarded apoplexy as a disease of nervous, rather than of general debility, and have been fearful of adding to this debility by abstracting blood, and hereby of almost ensuring hemiplegia, or some other form of paralysis. Hence Dr. Heberden speaks with great hesitation concerning the practice, rather than with an absolute and general condemnation of it: he observes, which is true enough, that many persons have been injured by large and repeated bleedings, and then lays down his rule, not to bleed either in an attack of apoplexy or palsy, if there would have been just objections to taking away blood before the incursion of either.†

Dr. Fothergill, however, expresses himself still more decidedly against bleeding than Dr. Heberden. He suspects that the weakness it occasions checks the natural effort to produce absorption; and that even the hard and full and irregular pulse, which seems

GEN. VIII.

SPEC. V.

Carus
apoplexia.
Treatment.General
directions.Particular
treatment
of entonic
apoplexy.
Copious and
repeated
bleeding.
Timid practice
of Hippocrates.Mischievous
influence on
later physicians:
as Forestus:

Heberden:

Fothergill.

* Burser., p. 288.

† Medical Transactions, i. p. 472.

GEN. VIII.
SPEC. V.
Carus
apoplexia.
Treatment.

imperatively to call for a very free use of the lancet, "is often an insufficient guide;" since "it may be that struggle which arises from an exertion of the *vires vitæ* to restore health." And hence, he adds in another place, "I am of opinion that bleeding in apoplexy is, for the most part, injurious, and that we should probably render the most effectual aid by endeavouring, in all cases, to procure a plentiful discharge from the bowels: as by these revulsions, the head is, perhaps, much more effectually relieved from plenitude, and that without weakening or interrupting any other effort of nature to relieve herself, than by venesection." *

Salutary effects
of spontaneous
hemorrhages.

It is singular that, in drawing such conclusions from the instinctive efforts or remedial power of nature, where a cure has been effected spontaneously, these distinguished writers have not felt more deeply impressed by the salutary effects of spontaneous and copious hemorrhages, as from the nose, the lungs, and the hemorrhoidal vessels, which have never perhaps poured forth blood freely without operating a cure; and that they have not endeavoured to follow these footsteps, as far as they might have done, by substituting an artificial discharge of blood where a natural discharge has not taken place.

Bolder practice
of other writers,
ancient and
modern:
Galen,
Aretæus,
Paulus
Ægineta.

Other physicians, however, both in ancient and modern times, have not been equally insensible to this important fact. Galen, though he always hesitated in departing from the practice of Hippocrates, ventured to deviate from him upon the point before us. Aretæus, Paulus of Ægina, and Cœlius Aurelianus carried the remedy of bleeding to a still further extent, and Celsus regarded it as the only mean of effecting a cure. †

Arabian
practice.

"The Arabians adopted the practice of the ancients, as far as relates to the employment of blood-letting in the strong apoplexy, and by far the greater number of modern physicians have in this respect followed their example. In support of this practice we might adduce the opinion of all who have written on the disease: we might quote from the works of Sydenham, Wepffer, Boerhaave, Van Swieten, Morgagni, Baglivi, Sauvages, Tissot, Mead, Freind, Pitcairn, Hoffman, Cullen, Portal, Cheyne, and many other eminent modern writers." ‡ As this paragraph is quoted from Dr. Cooke, it is almost superfluous to add his own name to the list of those who strenuously recommend blood-letting.

Boerhaave,
Morgagni,
Hoffman,
Cullen,
Portal,
Cheyne,
Cooke.

On which side
blood may be
drawn most ad-
vantageously.

A question has been made as to the side from which it may be most advantageous to take blood. Aretæus drew it from the sound side, wherever this could be distinguished. Valsalva and Morgagni recommend the same; as does also Cullen, observing

* Works, vol. iii. p. 208. Dr. Clutterbuck seems to lean very much to the doctrines of Heberden and Fothergill; for, in noticing the apoplexy arising from the extravasation of blood in the brain, that form of disease which has attracted the greatest notice, he observes, "this is a case in which blood-letting has been used with little discrimination, and often, there is reason to believe, carried to a hurtful excess. It is evident that the remedy can have no direct effect in removing the extravasated blood; nor can it lessen the quantity of blood altogether within the skull," &c. (Cyclop. of Pract. Med.) To this some writers would reply, that bleeding is proved by experience to be one of the most powerful means of checking internal hemorrhages, and that in apoplexy it is indicated on this principle, though it may have no direct effect in promoting the absorption of the blood already extravasated. — Ed.

† De Medecin., lib. iii. cap. xxvii.

‡ Cooke, ut supra, 292.

that "dissections show that congestions producing apoplexy are always on the side not affected."* Baglivi recommends bleeding from the diseased side, except where blood is abstracted locally. The question appears to be of no great importance; the grand object in general bleeding is to diminish the quantity and momentum of the circulating fluid, to enable the ruptured vessels to contract with greater facility, and to afford time for an absorption of whatever may have been effused.

In entonic apoplexy, general and local bleeding should go hand in hand; and the quantity drawn should in every instance depend upon the urgency of the symptoms. Dr. Cheyne advises us to begin with abstracting two pounds, and tells us, that it will often require a loss of six or eight pounds before the disease will give way.

Dr. Cullen, and many other writers, as Morgagni, Valsalva, and Portal, have recommended, that the opening should be made in the temporal artery or the jugular veins. "In all cases of a full habit," says Dr. Cullen, "and where the disease has been preceded by marks of a plethoric state, blood-letting is to be immediately employed, and very largely. In my opinion, it will be most effectual when the blood is taken from the jugular vein; but if that cannot be done, it may be taken from the arm. The opening of the temporal artery, when a large branch can be opened, so as suddenly to pour out a considerable quantity of blood, may also be an effectual remedy; but, in execution, it is more uncertain, and may be inconvenient. It may in some measure be supplied by cupping and scarifying on the temples or hind-head. This, indeed, should seldom be omitted, and these scarifications are always preferable to the application of leeches."†

In bleeding from the temporal artery, we may safely let the stream flow as long as it will, for in common it will cease before we have obtained enough, and all tight ligatures about the head, or indeed any other part of the body, should be avoided as much as possible. For the same reason Heister advises that, on opening the jugular vein‡, no ligature should be made use of, as the smallest pressure on the part may do harm, by interrupting the circulation of the blood on the external veins of the neck.

M. Dejean, of Caen, proposed, not long ago, to the Academy of Sciences, to open the superior longitudinal sinus, after raising the bone which covers it, and asserted that he had employed this mode with great success on strangled dogs. § M. Portal, and M. Tenon, however, who were appointed commissioners to report on M. Dejean's memoir, agreed that bleeding from the jugular vein is preferable to that from the sinus, as producing the same effect more speedily, and with more facility of restraint when a sufficiency of blood has been taken away.

* Pract. of Phys., vol. iii. p. 184.

† Id. vol. iii. p. 182.

‡ The superior utility of opening this vein is questioned by some of the best practitioners. As Dr. Abernethy justly observes, "the only jugular vein that can be opened is the external jugular, which has very little communication with the brain, and, consequently, bleeding from it is probably much inferior to bleeding from the temporal artery." On Dis. of the Brain, p. 289.

§ The plan of trephining a patient, in order to open the longitudinal sinus for the relief of apoplexy, would be a novelty in operative surgery, equalled only by some of the proceedings of St. John Long. — Ed.

GEN. VIII. SPEC. V.

Carus
apoplexia.
Treatment.

Mostly recommended from
the sound side.

By Baglivi
from the
diseased side.

Local bleeding
to accompany
general.
To what extent.

Temporal
artery.

Jugular vein.

Opening of the
superior longi-
tudinal sinus,
proposed by
Dejean: but
discommended
by Portal and
Tenon.

GEN. VIII.

SPEC. V.

Carus

apoplexia.

Treatment.

General result.

What seems to be the fair result the author will give in the words of Dr. Cooke. "General opinion, then, as well as reasoning, appears to be very much in favour of free and repeated evacuations of blood, both general and topical, in the strong apoplexy; and I am persuaded that greater advantage may be reasonably expected from this than from any other practice; yet I am very much inclined to think, that it may be, and actually sometimes has been, carried too far. I have seen several cases, and heard of many others, in which very large quantities of blood have been drawn without the smallest perceptible advantage, and with an evident and considerable diminution of the strength of the patient." *

Purgatives.

The next important means to be pursued is that of exciting the bowels by active purgatives. [This, as Dr. Abercrombie justly remarks, is always to be considered a most important and leading point in the treatment; and, "though, in arresting the progress of the disease, our first reliance is upon large and repeated bleeding, the first decided improvement of the patient is generally under the influence of powerful purging."] The particular purgative is of no importance; whatever will operate most speedily and most effectively is what should be preferred in the first instance †: and hence a combination of calomel and extract of jalap will be found among the best: though a free action may afterwards be more conveniently maintained by colocynth or sulphate of magnesia. Dolæus employed calomel so as to excite salivation, from an opinion that all evacuations are useful: and he gives an account of several cures he was hereby enabled to effect, and particularly relates the case of a woman, who was in this manner considerably relieved, and died on the cessation of the ptyalism. ‡

Emetics, in
entonic
apoplexy, of a
doubtful
character:

The collateral remedies are of less importance, though some of them may add to the general effect. Emetics are of a very doubtful character in the form of the disease before us, though often highly useful in atonic apoplexy. They have been given upon the principle of their producing a sudden prostration of strength, and faintness: but this is a result of nausea rather than of vomiting; and we cannot answer, that the straining will not renew the extravasation, or even rupture a vessel where no rupture has existed. §

Blisters and
sinapisms.

Blisters and sinapisms promise but little in this form of the disease: they tease and irritate to no purpose when applied to the extremities, and are still more injurious when they are made to

* Op. cit., p. 311.

† The most efficient purgative is the croton oil; and, as Dr. Abercrombie observes, if the patient cannot swallow, it may be very conveniently introduced into the stomach, suspended in thick gruel or mucilage, through an elastic gum tube. The operation should be expedited by strong purgative injections. Op. cit., p. 289. — Ed.

‡ Dolæus, p. 149.

§ Dr. Abercrombie says, "antimonials may occasionally be useful as an auxiliary, from their known effect in restraining vascular action, provided, in the early stages, they do not occasion vomiting." (On Dis. of the Brain, p. 288.) In numerous instances, as Dr. Clutterbuck observes, apoplexy is ushered in by vomiting; the disease is then often referred to a disordered state of the stomach, as the primary cause; but generally without reason, the disorder of the stomach being mostly secondary, and dependent upon the brain. The mistake is important, as leading to the employment of emetics, the use of which is not unattended with danger. See Cyclop. of Pract. Med., art. APOPLEXY. — Ed.

cover the scalp; for they effectually prevent the use of epithems of cold water, or vinegar, or pounded ice, which afford a rational chance of producing benefit.

Cordials were in high reputation among the Greek practitioners, from a belief that apoplexy is in almost every case the result of a debilitated and pituitous habit: and the custom has too generally descended to the present day, even where the ground on which it was founded has been relinquished. Stimulants and cordials of all kinds should be sedulously abstained from: and the neutral salts, with small doses of the antimonial powder, or any other cutaneous relaxant, be employed in their stead: cooling dilute drinks should be freely recommended; and if we should hereby be enabled to excite a gentle moisture on the skin, it may prove of incalculable advantage.

The curative process under our SECOND VARIETY of the disease, or ATONIC APOPLEXY, must vary in many points from the preceding. It is here, if at any time, we should pause, before we employ bleeding. Yet, as dissections show us, that even here also compression, and that too from an efflux of blood, is very general, and, either from blood or serum, almost constant, — whatever be the degree of constitutional debility, I can hardly conceive of any case in which we should be justified in withholding the lancet, or the use of cupping-glasses. The argument stands precisely upon the ground of the expediency of bleeding in typhus accompanied with congestion: it is in itself an evil; but it is only employed as a less evil to fight against a greater. With it, we may succeed: without it, in either instance, the case is often hopeless.

Generally speaking, however, local bleeding will here be preferable to that of the lancet; but cupping should always be preferred to leeches, whose operation is far too slow for the urgency of the occasion. The last, however, are recommended by Burserius, and Forestus quotes an instance in which they succeeded by a formidable application over the entire body.* Aretæus, after abstracting blood by cupping-glasses, recommends also the use of dry-cupping between the shoulders, and the recommendation is highly ingenious, and worth attending to.†

Purgatives, though less violent than in tonic apoplexy, should in like manner be had recourse to: and as we have less danger to apprehend from the use of emetics, they may be given. They have the triple advantage of freeing the stomach from irritating matters, rousing the system generally, and determining from the head to the surface of the body.‡

Here also we may use both external and internal stimulants in many cases with considerable success. Of the former, ammonia, camphor, electricity and galvanism, rubefacients and blisters may be made choice of in succession, and applied alternately to different parts of the body. Of the latter, we should chiefly confine ourselves to the warmer verticillate plants, as lavender, marjoram, and

GEN. VIII.

SPEC. V.

Carus
apoplexia.
Treatment.

Cordials and all
stimulants
mischievous.

Particular
treatment of
'atonic apoplexy.

Bleeding
demands a
pause: but
may in some
cases be impera-
tively called for.
Illustrated.

Local bleeding
mostly to be
preferred to
general.

Purgatives and
emetics may be
used.

As may exter-
nal and internal
stimulants.

* Lib. x. obs. 76.

† De Cur. Morb. Acut., i. 4.

‡ After the pathological remarks, already delivered on the present disease, it seems that the practice of employing emetics must be attended with some risk of producing a renewal of hemorrhage, or even of occasioning a fresh rupture of the weakened or diseased vessels. — ED.

GEN. VIII.

SPEC. V.

Carus
apoplexia.

Treatment.

With caution.

peppermint, or the warmer siliquose, as horse-radish and mustard, or the different forms of ammonia; yet even of these we are debarred by Dr. Cullen. [In France, *nux vomica* has been employed; and in Germany, phosphorus. Dr. Abercrombie* is of opinion, that all stimulants must be used with considerable caution, and that the patient, during their use, should be kept in a very low state by spare living and occasional evacuations; and he cannot agree, that the diet in paralytic cases ought to be nourishing and restorative.]

Treatment of
apoplexy from
excess of
drinking, or of
narcotics.

In that peculiar kind of apoplexy, which is sometimes produced by taking immoderate doses of spirits or some narcotic, and especially opium, in which we meet with an almost instantaneous exhaustion of the nervous power, making a near approach to asphyxy, though with a heavy drowsiness and stertorous breathing, the patient should first have his stomach thoroughly emptied by an emetic of sulphate of copper; he should be generally stimulated by blisters, and kept in a state of perpetual motion by walking or other exercise, so as to prevent sleep till the narcotic effect is over. An interesting case of this kind is related by Dr. Marcet. †

The interval of
great import-
ance, and
demands
minute atten-
tion.

After all it should not be forgotten, that apoplexy is in most, perhaps in all cases, not secondarily alone, but primarily a nervous affection, and dependent upon a predisposition to this disorder in the sensorium itself, if not upon a morbid condition of it: and that hence the patient, though we should recover him from the actual fit, will be subject to a recurrence of it. In this view, the interval becomes a period of great importance, and should be as much submitted to a course of remedial treatment as the paroxysm itself.

Intermediate
treatment of
tonic
apoplexy:
of atonic
apoplexy.

After atonic apoplexy, the patient should habitually accustom himself to a plain diet, regular exercise, early hours of meals and retirement, and uniform tranquillity of mind: and the state of his bowels should particularly claim his attention. After the atonic variety, the same general plan may be followed with a like good effect, but the diet may be upon a more liberal allowance; and a course of tonic medicines should form a part of the remedial system. And hence much of the treatment laid down under *LIMOSIS Dyspepsia* ‡ may be pursued here; together with the use of the waters of Bath, Buxton, and Leamington.

* Pathological and Practiseal Researches on Diseases of the Brain, p. 298.

† Med.-Chir. Trans., vol. i. p. 77.

‡ Vol. i.

SPECIES VI.

CARUS PARALYSIS.

PALSY.

CORPOREAL TORPITUDE AND MUSCULAR IMMOBILITY MORE OR
LESS GENERAL, BUT WITHOUT SOMNOLENCY.

PALSY is a disease which makes a near approach to apoplexy in its general nature and symptoms, and is very frequently a result of it. It is, however, still more strictly a nervous affection, and less connected with a morbid state of the sanguiferous or the respiratory organs. In examining it more in detail, we shall find, that sometimes the motory fibres alone are affected in any considerable degree, while the sentient are only rendered a little more obtuse; sometimes both kinds are equally torpid, and sometimes several of the faculties of the mind participate in the debility, though they are never so completely lost as in apoplexy.

The Greek writers contemplated the two diseases under the same view, considering them as closely related to each other, or, in other words, as species of the same genus. "The ancients," says Dr. Cooke, who has accurately gone over the entire ground, and taken nothing upon trust, "very generally considered apoplexy and palsy as diseases of the same nature, but different in degree; apoplexy being an universal palsy, and palsy a partial apoplexy. Aretæus says, apoplexy, paraplegia, paresis, and paralysis, are all of the same kind; consisting in a loss of sensation, of mind, and of motion. Apoplexy is a palsy of the whole body, of sensation, of mind, and of motion. And on this subject Galen, Alexander, Trallianus, Ætius, and Paulus Ægineta, agree in opinion with Aretæus. Hippocrates, who, in various parts of his works, speaks of apoplexy, nowhere, as far as I know, mentions paralysis; and when he refers to this disease, he employs the term apoplexia. Both Aretæus and Paulus Ægineta represent him as speaking of apoplexy in the leg. Celsus describes palsy and apoplexy by the general terms *RESOLUTIO NERVORUM*."* It is only necessary to add, that paresis and palsy were used sometimes synonymously; and that, when a distinction was made between them, paresis was regarded as only a very slight or imperfect palsy.

Palsy and apoplexy, however, are something more than the same disease merely varied in degree; the one, indeed, may lead to and terminate in the other, but they very often exist separately and without any interference; and, notwithstanding their general resemblance, are distinguishable by clear and specific symptoms. But if the Greeks approximated them too closely, the greater part of the nosologists of modern times, as Sauvages, Linnæus, Vogel, Sagar, Cullen, and Young, have placed them too remotely, by regarding each as a distinct genus: the proper nosological arrange-

GEN. VIII.

SPEC. VI.

Relation to
apoplexy.

Still more
strictly a nerv-
ous affection.

Sometimes
exists princi-
pally in the
motory fibres:
sometimes in
the motory and
sentient:
and sometimes
influences sever-
al of the mental
faculties.

Apoplexy and
palsy contem-
plated as differ-
ent degrees of
a common
disease by the
Greeks.

Paresis how far
different from
palsy.

Why the two
should be
regarded as
distinct dis-
eases: but not
placed at so
great a distance
as they have
been by many
modern writers.

* Treatise on Nervous Diseases, vol. ii. p. 1.

GEN VIII.

SPEC. VI.

Carus paralysis.

Proper station apparently that of the present work.

Common causes of apoplexy very frequently those of palsy, especially compression.

Yet the disease often produced from other causes, and especially those of nervous debility.

Often introduced by precursive signs.

Nerves chiefly affected those of voluntary motion: but the accompanying nerves of feeling commonly participate in a greater or less degree.

Action of the heart and lungs little interfered with:

and hence a material difference between palsy and apoplexy.

The mind, and especially the memory, rarely escapes injury.

General pathological remark, explanatory of many symptoms of palsy.

Hence the unaffected side sometimes evinces a morbid increase of feeling.

Illustrated.

ment seems to be that of co-species, as they are ranked by Dr. Parr, as well as under the system before us.

The common causes of apoplexy are usually asserted to be those of palsy: and considering how frequently palsy occurs as a sequel of apoplexy, the assertion has much to support it; for compression is here also, as well as in apoplexy, a very frequent cause. Yet, as compression does not seem to be the only cause of apoplexy, it is still less so of palsy in all its modifications, and we shall still more frequently have to resolve the disease into some of those causes of general, and especially of nervous, debility, which we have already noticed as occasionally giving rise to apoplexy, and which we have more particularly illustrated under the genus *CLONUS* of the preceding order.

Palsy is often preceded by many of the precursive signs of apoplexy; and it commonly commences slowly and insidiously; a single limb, or a part of the body being at first troubled with an occasional sense of weakness or numbness, which continues for a short time and then disappears. A single finger is often subject to this token, as is one of the eyes, the tongue, or one side of the face.

The nerves chiefly affected are those subservient to voluntary motion, but the accompanying nerves of feeling in most cases participate in the torpitude, though not in an equal degree, and sometimes not at all. "I never," says Dr. Cooke, "saw a case of palsy in which sensation was entirely lost:" though such cases seem sometimes to have occurred. The action of the involuntary organs, and especially of the heart and lungs, is but little interfered with, though in a few instances something more languid, than in a state of ordinary health. And, in this respect, we perceive a considerable difference between paralysis and apoplexy, in which last the heart appears to be always oppressed, and the breathing laborious. The faculties of the mind, however, rarely escape without injury, and especially the memory; insomuch that not only half the vocabulary the patient has been in the habit of using is sometimes forgotten, but the exact meaning of those terms that are remembered; so that a senseless succession of words is made use of, instead of intelligible speech, the patient perpetually misusing one word for another, of which we have given various examples under *MORIA imbecillis*, or *MENTAL IMBECILITY*. And it is hence not to be wondered at, that palsy should occasionally impair all the mental faculties by degrees, and terminate in fatuity or childishness.

We have frequently had occasion to observe, and to prove by examples, that, where any one of the external senses is peculiarly obtuse or deficient, the rest are often found in a more than ordinary degree of vigour and acuteness, "as though the sensorial power were primarily derived from a common source, and the proportions belonging to the organ whose outlet is invalid, were distributed among the other organs." Something of this law seems to operate in many cases of palsy, and is more and more conspicuous in proportion to the extent of the disease: for, in hemiplegia and paraplegia, the half of the body that is unaffected has not unfrequently evinced a morbid increase of feeling. Dr. Heberden attended a paralytic person, whose sense of smell be-

came so exquisite, as to furnish perpetual occasions of disgust and uneasiness : and he mentions one case, in which all the senses were exceedingly acute.

It is to this principle we are to resolve it, that where the disease confines itself to the motory nerves of an organ alone, and the sensific are not interfered with, the feeling of the palsied limb itself is sometimes greatly increased, and sometimes exacerbated into a sense of formication, or some other troublesome itching. "I have seen several instances," says Dr. Cooke, "in which paralytic persons have felt very violent pain in the parts affected, particularly in the shoulder and arm * ;" and the remark, if necessary, might be confirmed from numerous authorities.

Palsy, however, is strictly a disease of nervous debility, and where it shows itself extensively, the whole nervous system is affected by it. The consequence of which is, as we have already shown in treating of entastic, and particularly of clonic spasm, that the sensorial power in all its modifications is communicated irregularly, and its balance perpetually disturbed, so as to operate upon the mind as well as upon the body : whence some parts are too hot and others too cold ; and even the affected limb itself, according to the nature of the affection, and its limitation or extension to different sets of nerves, will be warmer or colder than its natural temperature, and will waste away, or retain its ordinary bulk ; while the passions of the mind will participate in the same morbid irritability, and evince a change from their constitutional tenour. Persons of the mildest and most placid tempers will often discover gusts of peevishness and irascibility : and men of the strongest mental powers have been known to weep like children on the slightest occasions. In a few instances, however, an opposite and far more desirable alteration has been effected. "I had several years ago," says Dr. Cooke, "an opportunity of seeing an illustration of this remark in the case of a much respected friend. The person, to whom I allude, had always, up to an advanced age, shown an irascible and irritable disposition : but, after an attack of palsy, his temper became perfectly placid, and remained so until his death about two years afterwards." †

It is the general opinion, that paralytic limbs are uniformly colder than in a state of health : and Mr. Henry Earle has ably supported this opinion, upon an extensive scale of examination. ‡ Dr. Abercrombie, on the contrary, in a correspondence upon this subject with Dr. Cooke, gives it as his opinion, that paralytic parts do not become colder than natural ; and adds, "that he had long ago observed, that they are sometimes warmer than sound limbs, but without being able to account for it." The present author has frequently made the same remark, though he has more commonly found them below the ordinary temperature. The facts, therefore, on both sides, are correctly stated ; and the discrepancy is to be resolved into the nature and extent of the sets of nerves that are immediately affected, whether sensific, motific, or both, and

GEN. VIII.
SPEC. VI.
Carus paralysis.

Hence, too, the sensific fibres of the affected limb sometimes possess excess of feeling.

Sometimes the whole nervous system manifestly affected : and the sensorial balance disturbed in various ways.

Hence the affected limb sometimes warmer, sometimes colder than natural ; retains its bulk or wastes away.

Passions of the mind affected. Illustrated.

Affected limbs commonly supposed to be colder than in ordinary health : especially by Earle.

By Abercrombie supposed not to be colder.

Diversity of opinion reconciled.

* Op. cit., p. 5.

† On Nervous Diseases, vol. iii. p. 12.

‡ Medico-Chirurg. Trans., vol. vii.

GEN. VIII.

SPEC. VI.

Carus' paralysis.

Subdivision
of Pereboom
founded on a
true physio-
logy;

but not quite
correctly
expressed,

and unneces-
sarily compli-
cated.

Hence a more
simplified
subdivision
offered in the
present system
of nosology.

into the disturbed and irregular, the hurried or interrupted tenour with which the nervous influence is distributed.*

The learned Pereboom, who has followed Boerhaave and Heister in attaching himself to the apparently correct doctrine of the Galenic school, that the nerves issuing from the sensorium are of two distinct sorts, one subservient to sensation, and the other to muscular motion, and has so far accorded with the physiology attempted to be established in the commencement of the present volume, has divided palsy, which he describes as a genus, into three species; a nervous, muscular, and nervo-muscular; by the first meaning that form of the disease, in which there is a deprivation of sense without loss of motion; by the second, loss of motion while the sensibility remains; and by the third, loss both of sense and motion.† The specific names are here at variance with the physiology; for, if it be true, that muscular motion is as dependent upon the nerves as sensation, then, palsy affecting the moving fibres, is as much entitled to be called *nervous* as palsy affecting the sentient. Nor are the few cases to be met with of privation of feeling, without loss of motion, strictly speaking, to be regarded as palsies. They are rather, as Aretæus has correctly observed, examples of anæsthesia, or morbid want of the sense of feeling, and as such will be found described in the present system under the name of PARAPSIS EXTERS.‡

On this account the present author, in his volume of nosology, thought it better to follow up, though with a considerable degree of simplification, the subdivisions of Sauvages and Cullen, and to distinguish the disease under the three following varieties, founded upon the line or locality of affection:—

α Hemiplegia.
Hemiplegic palsy.

The disease affecting and confined to one side of the body.

β Paraplegia.
Paraplegic palsy.

The disease affecting and confined to the lower part of the body on both sides, or any part below the head.

γ Particularis.
Local palsy.

The disease affecting and confined to particular limbs.

Some local
insensibilities
of the external
senses not
properly
referrable to
this species:
and why.

Some nosologists have transferred to this division the local insensibilities and atonies of the external senses, or parts of them, as though they were idiopathic affections. It is rarely, however, or never, as Aretæus has justly remarked, that they are not connected with other symptoms and other derangements of such organs and their respective functions: and hence, they rather belong to the second order of the present class, than to paralysis,

* According to Dr. Abercrombie, paralytic limbs lose, in some degree, that remarkable power, possessed by the living body in a healthy state, of preserving a medium temperature; and paralytic parts become hotter, or colder, than sound parts, which have been exposed to the same temperature. *Pathol. Researches on the Brain*, &c. p. 277.

† Acad. Nat. Cur. Soc. de Paralyti, 8vo. Hornæ.

‡ Class iv. Ord. ii. Gen. v.

in the strict sense of the term. They are anæsthesiæ, — νόσοι παραλύτικοι or παρétικοί, rather than παράλυσεις; and in the system before us are arranged accordingly.

HEMIPLEGIA, the first of the above varieties of palsy, is far most frequently met with as a sequel of apoplexy, and especially of atonic apoplexy, or that in which the energy of the nervous system is peculiarly diminished, and irregular. The usual exciting causes of apoplexy are in consequence those of palsy, and need not be enumerated in the present place. In a few instances, however, hemiplegia occurs without preceding apoplexy; and hence distinctly proves that pressure, or at least such a pressure as is demanded to produce somnolency, is not essentially necessary.* Mr. John Hunter, as we have already observed, was inclined to think, that pressure from effused blood was, in every instance, the

GEN. VIII.

SPEC. VI.

Carus paralysis.

a. C. Paralysis hemiplegia.

Mostly a sequel of apoplexy:

but sometimes found without preceding apoplexy: evidenced from the admission of J. Hunter.

* Dr. Abercrombie's third class of apoplectic cases is that which he terms paralytic. "The leading phenomenon of this class," he says, "is the paralytic attack without coma, or at least without that complete and permanent coma, which occurs in the former classes." He describes the attack as appearing under various forms; the most common of which is hemiplegia with loss of speech; but, in some cases, the speech is not affected; while, in other cases, the loss of speech is at first the only symptom. In some cases again, he observes, one limb only is affected, which is most commonly the arm, though sometimes the leg. Numerous other modifications occur, as palsy of one eyelid; or of the orbicularis muscle; distortion of the eyes; double vision; twisting of the mouth, &c. Loss of the power of swallowing also occurs occasionally, though more rarely in the cases which do not pass into apoplexy. (Pathological and Practical Researches on the Diseases of the Brain, &c. p. 245.) The following are the morbid conditions specified by Dr. Abercrombie, as connected with these varieties. 1. Many of the cases have a close analogy to simple apoplexy, and after the patient's death, no particular changes in the brain are found, or only an effusion of serum, often in small quantity. 2. Extravasation of blood of small extent. 3. Softening of the cerebral substance. 4. Inflammation and its consequences. (p. 247.) 5. Induration of a portion of the brain. 6. Empty cysts, from which the extravasated blood has been absorbed. 7. Extensive disease of the arteries of the brain. (p. 279.)

An extraordinary case of intermittent hemiplegia of the left side is recorded by Dr. Elliotson in his clinical lectures. (See Lancet for 1830-1, p. 556.) The paroxysms usually came on at ten o'clock in the morning, every third or fourth day, and, with a single exception, never with a longer interval; but, on one occasion, the complaint left him for sixteen days. He was forty-eight years of age, and had been subject to this affection for two years and a half. The paroxysms lasted from three to four hours. He had been in the East and West Indies, and had had fever both at Bombay and Batavia. Dr. Elliotson believed that this hemiplegia was the effect of malaria, and a form of ague, though not attended with shivering, heat, and sweating. On this principle he gave quinine, at first in doses of five grains every six hours, and the quantity was increased to fifteen. Large doses are often required in quartan ague, and Dr. Elliotson views this as a worse form of disease than quartan, because it occurred every third or fourth day, and the longer the interval between the attacks, the greater the difficulty of cure. The practice was successful, whatever may be the truth of the theory. We must agree with Dr. Elliotson, that, at all events, the case amounts to a proof, that paralysis is not necessarily an organic affection; and that hemiplegia does not necessarily arise from effusion, or from compression of any kind. If any compression occurred, it could only be during the fit; but Dr. Elliotson inclines to the theory, that it was a disorder of function, induced by a particular poison.

Some cases, however, depend upon local affection or injury of the nerves; as the palsy of the deltoid muscle, or whole arm, from pressure of the head of the dislocated humerus on the cervical nerves; palsy of one side of the face from an affection of the portio duræ, brought on by inflammation of the ear, or parotid gland, &c. — ED.

GEN. VIII.

SPEC. VI.

α C. Paralysis
hemiplegia.

A debilitated
and paretic
state of the
liver, sometimes
a cause.

Illustrated.

At times ac-
companied with
a jaundice of
the hemiplegic
side alone.

Other causes.

Precursive
symptoms of
hemiplegia.

Attack.

Progress of the
disease.

Duration.

Result.

Proofs of
irregular dis-
tribution of
the sensorial
energy.

cause both of this disease and of apoplexy; but in allowing, as he has done, that on one occasion, at least, he was called to a patient who died of a gouty affection of the brain, "*with symptoms similar to apoplexy*," and without any extravasation whatever, he directly yields the point of compression as an universal cause: for if atonic or retrocedent gout may produce apoplexy or palsy without pressure on the brain, so may many other atonic powers, operating as effectively on the sensorium. One of the most frequent of these powers is a debilitated and paretic state of the liver; and hence those persons are peculiarly subject to this variety of palsy, who have spent the earlier part of their lives in an habitual course of intemperance. Hoffman has particularly noticed this cause; and Morgagni describes the case of a man advanced in years, who was attacked with jaundice and hemiplegia simultaneously; the jaundice affecting the hemiplegic side alone, which was the right, and that with so much precision, that the nose was of a deep yellow on the one side, and of its proper colour on the other, which were divided from each other as by a ruled line. Other causes are, exposure to the rays of the sun, drinking cold water and bathing in it when heated, repelled eruptions, and chronic rheumatism.

As apoplexy has its precursive symptoms occasionally, so also has hemiplegia, and particularly when it is connected with a plethoric habit: for, in this case, the veins of the neck and face often appear turgid, there is an obtuse pain in the head, the tongue moves with some difficulty, and particularly on one side, the perception and memory become impaired, and the patient feels a tendency to drivel at one corner of the mouth, rather than at the other. The onset, like that of apoplexy, is at last sudden; and, if the patient be standing, he drops down abruptly on the affected side.

The progress of the disease is uncertain; and depends very much upon the state of the nervous system at the time of the attack. If there be no chronic debility, nor other morbid condition of the sensorium, the patient will sometimes recover entirely in a week, or even less; but if this system, or some particular part of it, be in an infirm state, he recovers only imperfectly; and obtains, perhaps, a thorough or a limited use of the lower limb, while the upper remains immovable; or he is compelled to pass through the remainder of a wretched and precarious existence with only one half of his body subservient to his will, the other half being more dead than alive, and withering, perhaps, with a mildew mortification.*

We have stated, that, in this disease, as, indeed, in all others accompanied with an atonic disturbance of the nervous energy, there is not only a great irregularity in its supply, but a great and confused disproportion in its distribution to different parts of the body. Dr. Cooke† and Dr. Abercrombie‡ have collected numerous and highly interesting examples, in which the sensific or motific nervous influence was either deficient in some parts, or so accumulated in others, that the most capricious and extraordinary sensations, or motions, were produced in them.

* See Vol. ii. Cl. III. Ord. IV. Gen. XII. Spec. II.

† On Nervous Diseases, vol. ii. part 1.

‡ Treatise on Apoplexy and Palsy.

Sauvages gives a case from Conrad Fabricius, of what he calls transverse hemiplegia, in which the disease was confined to the arm on one side, and the foot on the other: and Ramazzini speaks of a patient whose leg, on one side, had lost its feeling, but retained its power of motion, while the other leg had lost its power of motion, but retained its feeling.* In some instances, indeed, the entire feeling of one side is said to have been lost, and the entire motivity on the other side †; and, in a few rare examples, persons during the paroxysms, and even for some time afterwards, have felt, on the affected side, a sensation of pungent heat from cold, and especially polished bodies, and of painful cold from an application of hot bodies.

Where the sensibility is morbidly accumulated in a weak limb, as it often is in hemiplegia, sometimes so much as to give a painful sense of formication, cold not only excites action, but becomes almost as pungent an irritant as an actual cautery; in the correct language of the poet —

—Boreæ penetrabile frigus adurat.‡

And hence, in climbing lofty mountains, as the Alps and the Andes, the traveller frequently finds his skin more completely blistered from the sharp cold by which he is surrounded, than by an exposure to an equinoctial sun. On the contrary, the morbid halitus or perspiration into which the application of hot bodies often throws a limb, in the same relaxed and debilitated state, produces an unusual sense of coldness in consequence of the evaporation. And we may hence explain the singular ease, recorded by Dr. Faleoner, of a gentleman who, after a paralytic attack, felt his shoes very hot when he first put them on, and gradually become cool as they acquired the warmth of his feet; the re-action, and consequent increase of moisture thrown forth from the surface of the feet, producing the difference of sensation.

The ease of Professor De Saussure § is very singular; he was gradually attacked with an imperfect hemiplegia, which at first showed its approach by perturbed sensations, and vertigo, with a feeling of sea-sickness, a sight of objects reversed, a difficulty of swallowing liquids, and a total loss of voice, while the powers of the mind remained unimpaired, so that he could watch all his symptoms. Shortly after this, the whole of the right side became utterly insensible, the insensible part being divided from the sensible by a geometrical line running down the body in a vertical direction: and, in about three months more, the insensibility of the right side of the head, accompanied with a debility of all the voluntary muscles, was transferred to the left, the right re-acquiring its

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SPEC. VI.

α C. Paralysis hemiplegia.

Transverse hemiplegia of Sauvages, what Other singular examples.

Sense of pungent heat from cold bodies on the affected side: and of cold from hot bodies.

This singular feeling explained.

Singular example.

Additional illustration.

* De Morb. Artif., 286. See also Heister, Wahrnehmungen, i. 205. For references to various other facts of this kind, see Abercrombie's Pathol. and Practical Researches on the Diseases of the Brain, p. 275. "A gentleman," says he, "who was under the care of Dr. Hay, of Edinburgh, had two paralytic attacks at the distance of eight months from each other. In the first, there was perfect loss of feeling, with only partial loss of motion; in the second, there was perfect loss of motion, with only partial loss of feeling," &c. Sir C. Bell's discoveries, and those of C. F. Bellingeri, (see Ed. Med. and Surg. Journ. July, 1834,) certainly tend to throw light on this curious subject. — En.

† Eph. Nat. Cur., passim.

‡ Virg. Georg., i. 93.

§ Med.-Chir. Trans., vol. vii. p. 216.

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SPEC. VI.
a C. Paralysis
hemiplegia.

antecedent powers; but all the right side, below the head, still continuing to possess its former torpidity. Here, also, there was a very different sense of heat and cold on the opposite sides; for, whilst the left was influenced naturally, the right had the falsified sensation just noticed in Dr. Falconer's case, so that, in getting into a cold bath or a cold bed, the right side had a feeling of heat, while the left side felt cold, as it should do. Hot bodies, in like manner, felt cold to the diseased side, apparently from the cause just stated. And that this was the real cause, seems manifest from the patient's having often a feeling of a cold dew, or of cold water on the surface, and especially over his face, which induced him to wipe himself as if he had been wet. It is, perhaps, more singular that, though plunging his right or affected hand into cold water gave him a sense of lukewarmness, plunging it into boiling water gave him a disagreeable sensation, but very different from that of either heat or cold.*

This irregular
distribution
of sensorial
power
sometimes
dangerous.

This morbid disturbance and irregular distribution of sensorial power is sometimes productive of the most alarming consequence; for, in a hemiplegic state of the bowels, some parts are, in certain cases, so acutely sensible, and others so utterly insensible, that while ordinary purgatives are incapable of exciting evacuations from the torpidity and irresponsibility of the palsied parts, they are sufficient to occasion inflammation, and have actually occasioned it in the parts exacerated by accumulated sensibility, as certain experiments of M. Magendie have sufficiently established.

Explained.

Hemiplegia
hence some-
times united
with hypochon-
driasm and other
affections of the
nervous system.

It is owing to the same irregular distribution of sensorial power, where every department of the nervous system participates in the diseased state of the sensorium, that we sometimes behold hemiplegia, and particularly imperfect hemiplegia, united with other affections of the same system. The symptoms of hypochondriasm are peculiarly apt to associate with it; in which case the bravest hero will often lose all his magnanimity, and sit down and weep like a child: and, in the celebrated geologist M. de Saussure, we find a still more complicated instance of hemiplegia, hypochondriasm, and chorea. The disorder crept on by imperceptible degrees, and was accompanied with various anomalies. Both sides were weakened, but the left suffered chiefly; yet, with the aid of a stick, he could still drag forward the left leg. By some unknown means, he had taken up a morbid notion, very common to hypochondriac patients, of the difficulty of passing through a door-way when wide open without being squeezed to death; and hence, at the very time, in which he could cross his room with a tolerably firm step, the moment he reached the door, which was of capacious breadth, and thrown open for his passage, he tottered and precipitated his motions with the jerk of a St. Vitus's dance, as though he were preparing for the most perilous leap: yet, as soon as he had accomplished the arduous undertaking, he again became col-

Exemplified in
Saussure.

The hemiplegia
betraying not
only hypochon-
driasm,

but some
symptoms of
chorea.

* Dr. Abercrombie remarks, that paralysis generally begins in the extreme parts; but he has seen one patient, who could write distinctly with his arm supported upon a table, after the arm, from the shoulder to the elbow, was completely paralytic. In a few hours afterwards, the hand was also paralytic. He also quotes a case, related by M. Velpeau (*Archives Gén.*, 1825), where the right arm was paralyzed from the shoulder to the middle of the fore arm, while the hand was not in the least affected. See *Pathological Researches on the Brain*, p. 277. — Ed.

lected, and passed on with comparative ease till he had to encounter another adventure of the same kind, which was sure to try him in the same manner.* Tulpius gives a somewhat similar case, in which hemiplegia was united with beribery.†

PARAPLEGIA, or the SECOND VARIETY of palsy, has generally been conceived to depend altogether upon a diseased affection of the spine in its bones, ligaments, or interior, most frequently in the region of the loins; in consequence of which the spinal marrow becomes pressed upon, or otherwise injured, independently of any complaint of the brain. That this is a common cause is unquestionable, and a cause that often operates long without external signs: for the vertebral extension of the dura mater may be thickened, or a serous fluid effused, or blood be extravasated within the vertebral cavity; or a tumour may be formed in some part of it, or the spinal marrow itself may undergo some morbid change. But the best practical observers of the present day concur in opinion that paraplegia, like hemiplegia, is produced still more frequently by causes operating on the brain, than confined to the spine. Of this opinion is Dr. Baillie, who ascribes it chiefly to pressure on the brain ‡, Sir Henry Hallford, Sir James Earle, and Mr. Copeland. § Some kind of affection of the head, indeed, will commonly be discovered from the first, if we accurately attend to all the symptoms; some degree of pain, or giddiness, or sense of weight or undue drowsiness, or imperfection in the sight. And hence, many of the causes of paraplegia are evidently those of hemiplegia, operating probably upon a different part of the brain.

This form of paralysis may take place at any age, but it is more frequent as we advance beyond the middle of life; and Dr. Baillie has observed, that it occurs oftener in men than in women; for which it is by no means difficult to account, considering the greater hurry and activity of life pursued by the former. The disease, in many instances, makes an insidious approach. There is at first nothing more than a slight numbness in the lower limbs, with an appearance of stiffness or awkwardness in the motion of the muscles: these symptoms increase by degrees; there is great difficulty in walking, and an inability of preserving a balance; the aid of a staff or the arm of an assistant is next demanded: and the urine is found to flow in a feeble stream, or perhaps involuntarily. The bowels are at first always costive; but as the sphincter loses its power of constriction, the motions at length pass off involuntarily. The disease may continue for years, and the patient at last sink from general exhaustion. It sometimes, but rarely, terminates in a recovery. ||

When an injured or diseased state of the spine is the origin of paraplegia, the complaint shows itself suddenly, or makes its advances insidiously, according to the nature of the cause: and for a knowledge of this form of the malady we are chiefly indebted to

GEN. VIII.

SECT. VI.

α C. Paralysis hemiplegia.

Sometimes united with beribery.

β C. Paralysis paraplegia.

Chiefly dependent upon a diseased spine.

Produced in various ways:

but oftenest by causes operating on the brain;

as affirmed by many of the first authorities of the day.

Precursive signs.

Many of the causes of hemiplegia those of paraplegia.

May occur at any age, but chiefly after the middle of life.

Occurs often insidiously.

Progress of the disease.

Termination.

Origin and progress when produced by an injured or diseased state of the spine, as described by Pott.

* Medico-Chir. Trans., vol. vii. p. 214.

† Lib. iv. cap. 5.

‡ Trans. Med., vol. vi. art. 11.

§ Treatise upon the Symptoms and Treatment of the Diseased Spine.

|| Practical Essay on the Diseases and Injuries of the Bladder. By Robert Bingham. 1822.

GEN. VIII.
SPEC. VI.
β C. Paralysis
paraplegia.

Mr. Pott *, who, however, does not think that it properly belongs to the species paralysis, though there seems no sufficient reason why it should not be so arranged, as in truth it has been by most pathologists from the time of Galen, who seems not only to have understood its nature, but to have contemplated it in this view.† The disease, however, must not be confounded with RHACHYBIA, or distortion of the spine, from debility of muscular power, of which we have already treated ‡ in the present volume.

It sometimes happens in hemiplegia, that one or more vertebræ have been pushed, by sudden force, a little way out of their proper position; and, in this case, a considerable degree of numbness, together with less motion in one or both the lower limbs, is almost sure to follow, too often succeeded by a paralysis of the sphincters of the rectum and bladder, and consequently an involuntary discharge of fœces and urine: and if the luxation should take place in the dorsal or cervical vertebræ, the organs of digestion may all, more or less, suffer, the respiration become affected, and the spine itself exhibit a considerable degree of curvature. And the same effects are still more likely to follow, and even to a greater extent and with still more serious mischief, from an idiopathic affection of some part of the spinal chain, arising from inflammation, serofula, rickets, mollification, or caries; from compression by some effused fluid, or a thickening of its external tunic, or even of the substance of the spine itself; of which last M. Portal has given a singular example.§

Curvature
of the spine.

Often found
in ill-nursed
infants.

In the last case, the disease, for the most part, makes its approach slowly, and is often found in weakly and ill-nursed infants. Its precursive symptoms are commonly languor, listlessness, weakness in the knees, and a pale and shrivelled skin. As it advances, there is a difficulty in directing the feet aright when walking, the legs involuntarily cross each other, and the little patient is perpetually stumbling upon level ground, till at length he is incapable of walking at all. In adults, the progress of the disease is more rapid than in childhood.

Connected like
hemiplegia
occasionally
with a morbid
state of the
mental powers,
and even where
the spine is
primarily
affected.

Instructive
illustration from
Cooke.

Like hemiplegia, this variety is sometimes connected with a morbid state of the mental powers, and particularly with hypochondrism, and this too where the disease proceeds from an organic lesion of the spine. Dr. Cooke has an instructive case in illustration of this, in an officer of the army, aged forty-five, who had for many years been exposed to the hardships of a military life, particularly to extremes of heat and cold in various climates. "For two or three years previous to the paralytic attack, he had complained, that his state of health was deteriorated, although no precise symptoms of disease could be pointed out either by himself or by his medical friends. His appetite was good, his bowels regular, though inclined to costiveness, and his usual robust appearance was not diminished. He entertained some fanciful notions respecting the state of his health: and, from some uneasy sensations about the sacrum, he supposed that he had internal hemorrhoids, though no evidence of their existence could be perceived by his physicians, by whom

* Remarks on that Kind of Palsy of the Lower Limbs which is frequently found to accompany a Curvature of the Spine. 8vo. 1788.

† De Locis affectis, lib. iv. cap. vi.

‡ Cl. iv. Ord. iii. Gen. i. Spec. iii.

§ Anatomie Médicale, p. 117.

he was considered as hypochondriacal." After having suffered for two or three years, he gradually lost the power of walking without some support for one of his hands. He went to Bath, and had the hot water pumped upon his loins: soon after which he complained of pain in the lumbar region, which was followed by a collection of fluid behind the great trochanter of the left side, which burst externally, and was discharged daily in considerable quantity. The paraplegia was now complete; the lower extremities being quite useless: the fœces and urine, which, for a considerable time the patient had with some difficulty retained, came away involuntarily: his strength rapidly wasted; he became much emaciated; and, at the end of three months after his return from Bath, he died, retaining the use of his senses and his intellectual faculties to almost the last instant of his life.*

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SPEC. VI.
β C. Paralysis
paraplegia.

Where the upper part of the spine is affected, the superior limbs are usually divested of mobility or sensibility, or both, while but little disturbance, in a few rare instances, takes place in the inferior. The most singular example of this sort that has occurred to the present writer, is contained in a case related by M. Rullier, of Paris.† The subject was forty-five years of age, and had evinced a slight rhaehitic tendency from infancy, accompanied, as is often the case, with a considerable precocity of intellectual powers; the dorsal portion of the vertebral column evincing a little distortion, so as to give some degree of elevation to the right shoulder; but which did not proceed further. The patient, from early youth, had indulged himself in every concupiscent indiscretion, and especially in an unbounded and extravagant intercourse with females, which frequently reduced him to a state of exhaustion amounting almost to deliquium. It was not, however, till the age of thirty-four, that he first began to perceive any serious difficulty in the movement of his arms, which was soon connected with some degree of pain and swelling in the distorted part of the vertebral chain. The complaint made a rapid progress, and the patient in a short time lost the entire use of these limbs, though their sensibility continued to the last, and appeared to grow morbidly acute, as he would not suffer any one to touch them, on account of the pain produced by such contact. He became, indeed, highly irritable in his temper, but could walk a considerable distance, enjoyed company and his usual meals, and still retained an immoderate appetency for venereal pleasures, with the fullest means of indulging it. Hectic fever, however, now attacked him, with phthisis, and he at last fell a sacrifice to such a host of marshalled evils. On a post-obit examination, the chief organs found to be affected were the lungs, and the spinal marrow at the seat of distortion. The last, indeed, presented a very singular appearance. From its origin to the fourth pair of cervical nerves, it was quite natural; but from this point, through an extent of six or seven inches in length, the whole substance of the column was reduced to the most diffuent state of mollification, like what we have already noticed as sometimes found in the brain: while below this length, the cord appeared again to be firm and uninjured; a few flakes of medullary matter were alone found in the morbid fluid

Sensibility and mobility most injured where the upper part of the spine is affected.

Singular case from Rullier.

Appearances on dissection.

Mollification of the spinal marrow.

* On Nervous Diseases, vol. ii. part 1. p. 43.

† London Medical and Physical Journal, July, 1822, p. 80.

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SPEC. VI.
β C. Paralysis
paraplegia.

which had usurped its place, but altogether disorganised and unconnected. And we here, therefore, behold, to adopt M. Magendie's remarks upon this very marvellous affection, a man enjoying, almost to his last hour, great moral activity, powerful generative faculties, a free movement of his inferior extremities; and a keen sensibility of the superior; who nevertheless, for an uncertain, but probably a very considerable period, had been destitute of one third part of the substance of the spinal marrow; and possessed no kind of communication between the cervical and dorsal portions of this cord*, unless we suppose something of the sort to have been maintained by means of the surrounding membranes; a supposition, however, which is entirely gratuitous, and, at most, capable of throwing but little light upon the subject.

γ C. Paralysis
particularis

Often produced
by the preceding
causes: and
sometimes anticipates the preceding forms.

LOCAL PALSY is often produced by the general causes of the other varieties, probably operating in a less degree or more partially on the brain. We have already seen that it frequently takes the lead of the general affection, and appears for some days or weeks antecedently, in an imperfect movement of the tongue, or of one eye, or of one side of the mouth, sometimes of one or more of the fingers, or of an entire arm. And if, in this incipient state of the disease, proper evacuants, or other means, be instantly had recourse to, the paralytic tendency may be subdued, and the complaint be limited to these local affections, and in a few days be entirely removed.

Often produced
by causes destroying irritability:
as metallic fumes;
and cold damp air.

This variety, however, is often the effect of other causes tending to destroy the irritability of the nervous system, or particular parts of it; such as exposure to certain metallic fumes, or other means of absorbing metallic particles, especially those of mercury and lead: and, above all, exposure to keen blasts of cold and damp air. This last is, perhaps, the most common and effected cause of local palsy, and is peculiarly operative, where the limb or organ so exposed is in a state of relaxation and perspirable moisture, whether from previous exercise, or great heat of the atmosphere. A palsy on one side of the mouth, of the muscles of one eye, of one of the cheeks, of an arm or a leg, is in this manner frequently produced, and becomes, at times, of very great obstinacy. Occasionally, indeed, the torpidity extends much further than to a single limb, and various organs are involved in its mischief. "A watchman," says Dr. Powell †, "on quitting his duty, after a night of severe cold, was attacked by sudden and violent general pains in his limbs, which soon departed, and left him in a state of universal palsy of the muscles of voluntary motion. He had lost all command over the muscles of his limbs or trunk; but the joints were unaltered in their external appearance: they were perfectly flexible: and it gave him no pain if you moved them in any direction. The sphincters also of the rectum and bladder had lost their usual powers of retention, and he passed both stools and urine involuntarily and unconsciously. His circulation was not affected in

Illustrated.

* If this were the fact, the case is undoubtedly exceedingly interesting, in a physiological as well as pathological view. However, as a very slight communication between the cervical and dorsal portions of the spinal cord might have existed previously to the dissection, and been inadvertently broken in it, a doubt may be entertained upon this material point. — ED.

† Med. Trans., vol. v. p. 195.

any cognizable degree, and his mind retained its usual powers. His voice was not lost: the hot bath and other remedies were tried in vain; he died: but, on examination, there was no congestion, or effusion, or alteration of structure of any kind discoverable." In this case the motific nerves, or those derived from the anterior trunk of the spinal cord, seem to have been alone affected; and in those slight palsies, induced by sudden cold or damp applied to one side of the face, and commonly known by the name of *blights*, the nerves that lose their power are branches of the portio dura, the respiratory nerve of Sir Charles Bell, while it is rarely that the twigs of the trigeminus, which commonly accompany them for the purpose of conveying sensation, are united in the mischief.

In the treatment of palsy, it is necessary to distinguish between its attack and its confirmation, and as much as possible to ascertain the nature of its predisponent and exciting cause.

Generally speaking, in hemiplegia, and very frequently in paraplegia, and even in local palsy, the causes of apoplexy are those of the present affection. And as, of these causes, compression of the brain has appeared to be by far the most frequent in the former disease, so we ought to regard it, and shall generally find it, in the latter. And hence, copious bleeding and purgatives not only recommend themselves to us from the good effects we have already seen them produce in apoplexy, but from the actual and general advantage, which has been derived from them in palsy itself. Mr. John Hunter was so fully convinced of the benefit of sanguineous depletion, that he made it his unicum remedium, though he allowed cathartics subordinately. Upon this subject, however, he writes with more force, than discrimination. Referring to the stimulant plan pursued by some practitioners, he observes, "This is even carried further than blistering," to which he also objects: "we hardly see a man taken with all the signs of an apoplexy, where a paralysis in some part takes place, or hemiplegia, but he is immediately attacked with cordials, stimulants, electricity, &c. Upon a supposition that it is nervous debility, &c., the poor body is also tortured because it cannot act, the brain not being in a condition to influence the voluntary muscles. We might, with exactly the same propriety, stimulate the fingers, when their muscles are torn to pieces. We ought to bleed at once very largely, especially from the temporal artery, till the patient begins to show signs of recovery, and to continue it till he may begin to become faintish. We should give saline purges freely, to diminish impetus, and promote absorption; then quietness should be enjoined, and as little exercise of body as possible, and especially to avoid coughing and sneezing. Plain food should be directed, and but little of it." *

All this is excellent, as a general rule; but the rule must admit of exceptions. In treating of apoplexy, we have noticed it as dependent on two very different and opposite states of the constitution, — an entonic and an atonic. And the same diversities of constitution are to be found in paralysis. Now, under the entonic state, there can be no question, and there ought to be no exception: and the boldness of the practice should be regulated by the nature of the exciting cause. Where this is over-eating or intoxication, eighteen

GEN. VIII.

SPEC. VI.

γ C. Paralysis particularis.

Motific nerves here chiefly affected:

as also in blights.

Medical treatment of palsy: important discriminations.

As compression of the brain is a common cause, copious: bleeding and purgatives are often necessary.

But this rule admits of exceptions.

Palsy as dependent as apoplexy upon the two opposite states of entony and atony.

* On Blood and Inflammation, p. 213.

GEN. VIII.
SPEC. VI.
Carus paralysis.
Treatment.

Under the first
the reducent
plan should be
general and
boldly followed
up.

Its success
exemplified.

Bleeding some-
times necessary
even in atonic
palsy as well
as in atonic
apoplexy.

Strikingly
illustrated.

Case and its
fortunate issue
explained.

When bleeding
may be impro-
per and
mischievous.

or twenty ounces of blood may be taken away, with advantage, at once; in a few hours after, twelve or fifteen ounces more; and the venesection may be repeated a third or even a fourth time, if necessary. Dr. Cross pursued this active plan, in the case of a man thirty-five years old, who became hemiplegic from excess of drinking, and at the same time gave calomel to the amount of twenty-five grains to a dose, and, in a few days effected a complete cure.* And similar instances of success are to be found in all the writers upon the subject.

Even in atonic apoplexy, it has been observed that venesection is occasionally necessary; and it may be equally necessary in atonic paralysis; for here also effusion may take place both of blood and serum: of serum, indeed, more frequently from deficiency, than from excess of vigour; and of blood, from a debilitated state of the vessels, and their greater facility to be ruptured from slight causes, as a violent fit of coughing or sneezing, of joy or terror. Absorption may not easily take place in this state of constitution; but, emptying the vessels alone will gain space by stimulating them to contract their diameter.

I cannot better illustrate this, than by the following case from Dr. Abercrombie: — “An old and very poor woman, aged about seventy, thin, pale, and withered, having gone out to bring water from one of the public wells, on the morning of the 2d of July, 1818, fell down in the street speechless, and completely paralytic on the right side. Nothing was done till about two P. M., when she was found stupid, but not comatose, yet completely speechless and paralytic: her pulse of good strength, and about ninety-six. She was bled to fifteen ounces. Purgative medicine was ordered, and cold applications to the head: on the 3d, she was considerably improved both in speech and motion; but having become rather worse at night, the bleeding was repeated, and the purgative medicine continued. From this time she improved gradually: at the end of a week she was able to walk with a little assistance, and speak pretty distinctly; and, by the end of another week, she had entirely recovered her former health.”† Nothing could be more judicious than this treatment, and the result corresponded with the views of the enlightened practitioner. There can be no doubt that, in this case, a vessel had suddenly been ruptured: the labour in which the patient was occupied was violent, the season was that of the summer, and the temperature probably very hot: the stupor and state of the pulse equally indicated compression of the brain.

Thus far bleeding may be allowed, and, indeed, ought to be imperatively enjoined. But there are some cases, in which it is altogether a venture, and others in which it is considered on all hands to be injurious. Even Mr. Hunter himself recoils from the practice, where hemiplegia is apparently a result of retrocedent gout; and if we follow up the spirit of this forbearance, we shall be induced to abstain equally in all instances where there is a like diminution of sensorial power — in all instances of atonic paralysis, let the exciting cause be what it may, where there is no stertor, no stupor, nor vertigo; no convulsion, nor other irregular nervous

* Thomson's Annals of Philosophy, No. xlv. p. 121.

† Treatise, &c., p. 15.

action; and the pulse, instead of being firm, is feeble and intermittent. For it should never be forgotten that, if many patients have recovered after bleeding, in suspicious circumstances, others have died after it, and probably in consequence of it, while great numbers have derived no benefit whatever. The advice of Dr. Cooke upon this subject is therefore founded on the truest wisdom, and cannot be too extensively committed to memory:—"Each individual case must be viewed in all its circumstances, and by a careful consideration of them our practice should be regulated. Before we prescribe blood-letting in hemiplegia, we must investigate the age, strength, general constitution and habits of the patient, and, above all, the actual symptoms of the disease. In early or even in somewhat advanced life, if plethora and the various symptoms tending to apoplexy be present, I should not scruple to bleed freely both generally and topically. On the contrary, in great age, debilitated, leuco-phlegmatic habit, dropsical tendency, &c., I should think it right to abstain altogether from this and from every other powerful mode of depletion, unless there be an evident determination to the head, marked by flushing in the countenance, throbbing of the arteries, redness of the eyes."*

In purging, we may proceed with less restraint: for even in debilitated and dropsical habits, stimulating the bowels is almost uniformly beneficial: should there be serous, or even sanguineous effusion, absorption is hereby powerfully promoted; and if there be none, a beneficial revulsion will often be produced, and the stimulus will always be useful. In a very debilitated state of the constitution, however, we should choose the warmer in preference to the colder purgatives; and hence jalap, colocynth, or even aloes, in preference to neutral salts: and it will also be serviceable to combine them with some distilled water impregnated with an essential oil, as mint, pennyroyal, juniper, or rosemary.

If we have strong reason to apprehend a sanguineous effusion, emetics ought not to be employed for a few days; but if we have no ground of such suspicion, they cannot be had recourse to too soon. In low or atonic hemiplegia, Stoll first checked the hemiplegia by emetics, and then carried it off by external and local stimulants, as cantharides, in conjunction with pills of gum ammonia, myrrh, and aloes.†

Such, under different modifications, is the reduceent course it seems proper to pursue in the general train of paralytic attacks when they first make their appearance. If this course succeed, the patient will soon recover, and, with a view of preventing a relapse, an extension of the reduceent or tonic regimen, according to the nature of the case, as we have already noticed in the treatment of apoplexy, is all that we shall have further to prescribe.

But this course may not succeed: the disease may prove obstinate and become confirmed; and the practitioner be called upon to proceed further.

Having removed, so far as we may be able, all pressure upon the sensorium, and thus given an opportunity of healthful play

GEN. VIII.
SPEC. VI.
Carus paralysis.
Treatment.

Excellent
discrimination
of Cooke.

Purging may
be indulged
with less
restraint.

Its general
utility
explained.

The purgatives
should be of
the warmer
rather than of
the colder
tribes.

Emetics.

Practice of
Stoll.

Subsequent
treatment when
the above does
not succeed.

* On Nervous Diseases, vol. ii. part i. p. 141.

† Mat. Med., part ii. p. 92. Few of the best modern practitioners venture to prescribe emetics in any examples of paralysis, connected with disease in the head. — Ed.

GEN. VIII.
SPEC. VI.
Carus paralysis.
Treatment.

General principle to invigorate the system generally, and extend the growing energy to the diseased organs.

Stimulants have been employed too indiscriminately and too precipitately. This remark explained.

A gentle and palliative plan often best at first, and why.

Warm well-ventilated room, temperate allowance of wine.

Camphor and other warm sedatives.

Metallic tonics.

Warm bath.

Occasionally hyoscyamus.

Cheerful and exhilarating conversation ; easy exercise.

Singular case of cure from perusing agreeable and amusing authors.

Where this does not succeed, a more active and stimulant plan to be pursued.

External and internal irritants.

External stimulants.

to its function, our next business is to re-invigorate its general energy, and extend it to the parts which it has ceased in a greater or less degree to actuate.

Stimulants external or internal, or both, have been almost uniformly had recourse to for this purpose: but I cannot avoid thinking, that the practice has been too indiscriminate, and, in many cases, far too precipitate. We have observed, that, in many cases of hemiplegia, there is not only great local inactivity, but great irregularity of action; a tumultuous hurry of sensorial power to some parts, with an equal removal of it from others. In all such cases, we should proceed gently and palliatively, rather than rapidly and forcibly: and to do nothing is better than to do too much. We should endeavour to allay the nervous commotion, and restore the agitated system to order by internal and external quiet of every kind. The patient should be kept as still as possible in a warm commodious bed and a well-ventilated room. His diet should be plain, with the allowance of a moderate quantity of wine, or wine and water. Camphor, musk, valerian, and other warm sedatives, as ammonia, neutralized with citric acid, are here to be chiefly resorted to, if, indeed, we resort to medicines of any kind; and to these may be added the less stimulant metallic salts, and especially those of zinc and bismuth. The warm bath may be allowed two or three times a week, and, if the nights be restless, the inquietude may be subdued by hyoscyamus. And, as this form of the disease is often connected with great general debility, and a tendency to hypochondrism or lowness of spirits, cheerful and exhilarating conversation, and such occasional exercise in a carriage as may be indulged in without fatigue, will form very serviceable auxiliaries. In Pechlin* is to be found the case of a person called Peyreske, who is said to have been cured of a palsy accompanied with aphonia, by reading some favourite and agreeable authors. This may be an overstatement, or too much stress may be laid on this particular part of the general plan of treatment: but there can be no doubt that, in the form of the disease we are now contemplating, a gentle and insinuating amusement of this kind will not be without its effect.

This tranquillizing and unostentatious plan I have found to answer wonderfully, in many cases of that tumultuous and irregular action described in the preceding history. But, where the case seems altogether confirmed and chronic, and an entire side, or some other extensive part of the body, shows a fixed loss of sense and voluntary motion, while every other part has resumed its healthy function, we may then, with safety, have recourse to the stimulant practice.

This will consist of external and internal irritants, and Dr. Cullen has given a long and useful table of both. On the former, the chief are friction by the hand or a flesh-brush; stimulating liniments prepared of the concentrated acids, or the caustic alkalies inviscated in oil or lard to render them less acrid and corrosive; brine or a strong solution of sea-salt; the essential oils of turpentine, or other terebinthinate substances; and various vegetable acrids, as mustard, garlic, and cantharides or other blistering

* Lib. III. Obs. 27.

insects. The object of all these is the same: it is that of acting upon the origin of the nervous chain by stimulating it at its extreme end; and as we have numerous instances of the production of such an effect in a great variety of cases, particularly in those of trismus and lyssa, or canine madness, the principles of which we have endeavoured to elucidate under these diseases, we have reason to expect a like influence, and of a beneficial instead of a morbid kind, in the applications before us. Generally speaking, however, the irritation, produced by the use of many of the siliquose and alliaceous or alkaliescent plants, as mustard, horseradish, and garlic, is more uniformly efficacious than that of cantharides; as the irritation excited is more considerable and of longer duration. Dr. Cullen tells us, that he has reason to believe the use of liquid styrax in the proportion of one part to two of the old black basilicon, a favourite empirical composition, "has been of remarkable service in paralytic cases, and particularly in a debility of the limbs following rickets." *

Many practitioners have, for the same purpose, been in the habit of burning moxa, or cotton alone, on different parts of the affected side. Dupuytren employed the former, and Pascal† the latter; and both, as they tell us, with great advantage. Baron Larrey speaks in terms of high commendation of the first, and especially in spine-cases, or paraplegia. One of his examples is worth relating. The patient had been a sufferer for three years, and had violent and almost permanent pain in the extremities, tremor, emaciation, and sleeplessness; the spinous processes of the dorsal vertebræ projected, and were painful on pressure. The moxas were applied in pairs, beginning from the tenth and eleventh dorsal vertebræ. On the first application all pain was removed; on the second, spontaneous motion was restored; and, after the use of thirty moxas, the patient walked without support. ‡ Others have thought they derived more service from a repeated use of stinging nettles. Some again have employed issues, others setons, others acupuncture, and others the potential or even the actual cautery. This last mode of treatment, however, is best calculated for that form of hemiplegia produced by a diseased spine. Mr. Pott found caustics applied on each side of the spine peculiarly serviceable, and they have been in common employment ever since his recommendation of them.

In the rank of external stimulants, we are to arrange electricity and Voltaism. From their well-known and extraordinary power of re-exciting irritability in the muscular fibres of animals that have been for some time dead, it was very reasonable to suppose, that either of these stimuli might be employed with very great advantage: and accordingly we meet with them in extensive and popular use from the earliest periods of their having been, if not discovered, at least reduced to scientific management; and have numerous reports of cases in which the former was tried, and in many instances with

GEN. VIII.
SPEC. VI.
Carus paralysis.
Treatment.
Their intention
and effect.

The siliquose
and alliaceous
rubefacients
more useful
than blisters.

Liquid styrax.

Burning moxa
or cotton.

Striking ease
from Larrey.

Issues,
setons,
cauteries.

Caustics to the
spine.

Electricity and
Voltaism.
muscular,
reasonable

* Mat. Med., vol. ii. part ii. cap. v. The editor has not much faith in the employment of internal stimulants, and believes with Dr. Abererombie, that the practice is hardly safe, unless accompanied by a low regimen.

† Journ. de Méd., tom. lxi.

‡ Recueil de Mémoires de Chirurgie, &c. 8vo. Paris, 1821.

GEN. VIII.

SPEC. VI.

Carus paralysis.
Treatment.

Variously tried
for a long
period with
various success.

A proper
discrimination
of electric
power and of
the state of the
disease seems
still to be
wanting.

Cure effected
by the gymno-
tus electricus.
More appli-
cable to atonic
than entonic
palsy.

Hot bathing.
Serviceable
alone in local
palsy; and in
conjunction
with rubefa-
cients often
effects a cure.
But in hemi-
plegia, and
often in para-
plegia, hot
baths prefer-
able than are
impregnated
with mineral
stimulants and
tonics, as those
of Bath, Bux-
ton, and Leam-
ington.

Cold bathing :
an indirect
stimulant.

Medical
intention.

Recommended
by Cullen un-
der particular
modifications.

Hence hot
mineral baths
best adapted to
atonic, cold
affusion to
entonic
paralysis.

advantage, rather before the middle of the last century.* In several experiments, both have been found highly beneficial; but in various cases also, both have been made use of in vain, and in a few instances, with apparent disadvantage; and those who were at first most sanguine of success, gradually lost their confidence in them.

The fact seems to be, that, even at this late period of trial, we are greatly in the dark upon the subject, and have not learned to discriminate the exact modifications of the disease, or the exact modifications of electric power in which alone this active stimulus may be employed with advantage: for that, in both forms, it has been occasionally of very high benefit, is by no means to be disputed: and even at times when communicated by the *gymnotus electricus* or electric cell itself, of which a singular example is given in the *Harlem Transactions*†; the patient having recovered the use of the affected side after a hundred strokes from the fish. Upon the whole, as it is a direct stimulus, it appears better adapted to the atonic than the entonic character of paralysis.

The stimulus of hot water alone is often serviceable in local palsy, especially when it has been produced by cold or damp; and in conjunction with the rubefacients and vesicatories we have just enumerated, or with friction to the part affected by means of the hand or a flesh-brush, and particularly when aided by terebinthinate or other essential oils, will usually succeed in restoring to the affected muscles their wonted power. But where the palsy is more extensive, as in hemiplegia and many cases of paraplegia, it has been more usual to recommend the stimulus of hot water in conjunction with various active mineral corpuscles held in solution by it: and hence the common resort of paralytic patients in our own country to the waters at Bath, Buxton, and Leamington. Hot baths of this kind are also a direct stimulus; and, as such, are found more efficacious in paralyties of atonic or dilapidated constitutions, than in those who have suffered from plethoric or entonic fulness, or at least till they have been lowered to the proper standard by a long course of some reductent regimen.

Cold bathing is also a stimulant as well as hot bathing, but a stimulant of a different kind, for it acts indirectly instead of directly. The intention, with which it is used, is that of forcibly urging the mouths of the cutaneous vessels into a general entastic or rigid spasm, in order hereby to excite a general re-action, as in the case of the first and second stages of the ague-fit, and thus to draw the torpid muscles into the common range of association. Dr. Cullen seems favourable to this practice under a prudent management. "Cold," says he, "applied to the body for any length of time, is always hurtful to paralytic persons: but if it be not very intense, nor the application long continued, and if at the same time the body be capable of a brisk re-action, such an application of cold is a powerful stimulant of the whole system, and has often been useful in curing palsy. But if the power of re-action in the

* Mémoires de l'Académie des Sciences, 1749, p. 40. Jallabert, Expérience sur l'Électricité. Genève. 1749.

† Abhandlungen aus den Schriften der Harlemer und anderer Holländischen Gesellschaften, band i. p. 109.

body be weak, any application of cold may prove hurtful.* It is hence only necessary to add, that while the hot mineral baths appear best adapted to cases of atonic paralysis, cold affusion or the cold bath may be employed with most success in accidental palsies of the plethoric and the vigorous.

The ordinary internal stimulants are the mineral waters we have just adverted to, camphor and other terebinthinate substances, many of the siliquose and alliaceous plants, as mustard, horse-radish, garlic, and onions, and a temperate use of wine: the whole of which, however, are proscribed in all cases by many writers of great eminence, and particularly Dr. Cullen and Mr. John Hunter: and which, if allowed at all, should be confined to the atonic form of paralysis, or never be commenced, in any instance of entonic palsy, till the system has been sufficiently reduced for the purpose. And where this has been accomplished, such a class of remedies has often been found of essential service.

Independently of these, there is a tribe of medicines entitled also to the name of stimulants. I mean several of the acrid poisons, as *arnica montana*, or leopard's bane; *rhys vernix*, varnish-sumach; and *strychnos*, *nux vomica*. All these excite the nervous system to great agitation and spasmodic action; and if the dose be increased, violent convulsions, alternating with tetanus, are sure to ensue: and hence it has been supposed, that they may be rendered effectual in a restoration of motivity to paralytic limbs. The flowers of the *arnica*, or *doronicum*, as it was once called, were chiefly employed, though sometimes the leaves were preferred. Dr. Collin was much attached to the former in palsies of all kinds, and affirms that he has found them very generally successful. He gave them in an infusion or decoction, in the proportion of from a drachm to half an ounce, to a pint of the liquid†: and, from his recommendation, they were, at one time, very generally adopted, were countenanced by Plenck, and Quarin, and experimented upon by Dr. Home.‡ The last tried them in six cases, but without much success; and they have not been able to maintain their reputation: nor, from the violence and uncertainty of their effects, is it worth while to revive them.

The *rhys vernix*, or varnish-sumach, is chiefly indebted for whatever degree of fame it has acquired in paralysis to the recommendation of Dr. Fresnoi. The milky juice of this plant is so acrid as to blister the hands of those who gather its leaves, so that they are obliged to wear gloves. The leaves are employed in decoction, and in extract: and appear not only to act powerfully upon the nervous system, but by urine and perspiration; and hence the plant has a claim to be considered as an active promoter of absorption as well as a revellent, which may, perhaps, render it serviceable in some cases of paralysis from serous compression of the brain. Of its benefit in some other diseases of a spasmodic or nervous character, and especially in hooping cough, we have already spoken.

Most of the species of *rhys* or sumach contain a like pungent acridity in their milky juices, and hence several others of

GEN. VIII.
SPEC. VI.
Carusparalysis.
Treatment.

Internal
stimulants:

proscribed
generally by
Cullen and J.
Hunter:
but useful in
the atonic form
of the disease.

Acrid poisons,
as *arnica*
montana, *rhys*
vernix, *nux*
vomica.

Mode of action,
and proposed
object in their
use.

Arnica or *doro-*
nicum first
largely recom-
mended by
Collin:

afterwards by
Plenck, and
Quarin.

Tried with little
success by
Home.

Rhus vernix or
varnish-
sumach,
recommended
by Fresnoi.

Its effects.

Other species
of *rhys* possess
a like power:

* Pract. of Phys., vol. iv. MCLXVI. p. 190.

† Observ. circa Morbos Acutos et Chronicos, tom. v. p. 108.

‡ Clinical Experiments, Histories, &c. Edin. 8vo. 1780.

GEN. VIII.

SPEC. VI.

Carus paralysis.
Treatment.

hence rhus
toxicodendrum,
or poisonous
sumach, tried
and recom-
mended by
Alderson.

Other acrid
poisons tend
to produce
rigid spasm :

as nux vomica
and ignatia
amara ; pro-
bably on
account of their
bitter principle.

The former of
late extensively
employed by
Fouquier :
in many in-
stances appa-
rently with
permanent
success.

Preparation.

Effects.

Strychnine.

Variable
results.

Illustration.

them have occasionally been employed for the same purpose. Dr. Alderson, of Hull, has of late preferred the leaves of the *rhus toxicodendrum*, poison-sumach, or poison-oak, as it is sometimes, but improperly, called : and, in many cases, he has thought it of considerable benefit. He commences with half a grain of the powdered leaves, which he gives three times a day, and gradually increases the dose to four or five grains, till he finds a sense of tingling produced in the paralytic part, accompanied with some degree of subsultus, or a twitching or convulsive motion.

There are other acrid poisons which have a tendency to produce strong entastic or rigid spasm, most of which possess an intensely bitter principle, and perhaps derive that difference of effect from the tonic power of this very quality. Of these the chief are the strychnos, *nux vomica*, and the *ignatia amara*. Both have hence been employed in paralysis, and the virtues of both seem to be nearly alike ; the former, however, has of late taken the lead upon the recommendation of Dr. Fouquier, of the Hôpital de la Charité at Paris, who has tried it upon a very extensive scale, and apparently with a perfect restoration of health in many cases ; and whose success has been authenticated by similar experiments under the superintendence of MM. Magendie, Husson, Asselin, and other pathologists. He gives it in the form of powder, or alcoholic extract : four grains of the first, and two of the last, are a dose, and may be taken from two to six times a day. He also employs it in injections. In half an hour after administration, the paralysed muscles have, in various cases, begun to evince contraction : and, what is peculiarly singular, while a spastic contraction is determined to these, the sound parts remain unimplicated in the action. A frequent effect, unquestionably dependent on the bitter principle of the plant, is that of increasing the appetite, and diminishing the number of the alvine evacuations when in excess. Sometimes it produces a temulent effect, and occasions stupor and a sense of intoxication, and, when rashly administered, general tetanus, with all its train of distressing and frightful symptoms. The most powerful form of this medicine is its alkaline basis, to which the French chemists have lately given the name of strychnine. It has hitherto been chiefly used through the agency of clysters.*

Like all other powerful medicines in their first and indiscriminate use, the *nux vomica* appears sometimes to have been highly beneficial, sometimes mischievous, and sometimes to have produced violent effects on the nervous system, without an important change of any other kind. Dr. Cooke has collected a variety of cases, in which it has been tried in our own country as well as in France, and this seems to be the general result. The present author has tried it in various instances, but has never been able, from its tendency to temulency, to proceed much more than half as far as some practitioners have gone, who have gradually advanced it from four grains of the powder to twenty-four three or four times a day. In the case of the late E. Sheffield, Esq., of the Polygon, Somer's Town, mineralogist to the estates of the Duke of Devonshire, and who is well

* Remarques sur la Nux Vomique considérée comme Médicament. Par F. M. Coze, &c. Journal Universel des Sciences Médicales, Nov. 1819.

known to have been one of the best practical geologists of his day, the author commenced with two grains alone of the powder given three times daily, as this was a hemiplegia following upon a second fit of atonic apoplexy, with a general debility both of the mental and corporeal powers, the patient being, at the time, rather upwards of sixty years of age. This dose occasioned no manifest effect, and on the third day, August 21. 1819, it was gradually increased to six grains. It now produced a powerful sense of intoxication, but with clonic agitation instead of a tetanic spasm, of the paralyzed leg and arm, and great heat down the whole of the affected side. The powder was continued in this proportion for three or four days, but the stupor and vertigo were so considerable and afflictive, that the patient could not be persuaded to proceed with it any longer, and it was in consequence suspended. In the ensuing September 1. he was evidently getting weaker, and recommenced the medicine at his own desire; the dose was gradually raised from four to six grains three times a day: the same clonic effect was produced, with the same sensation of heat through the whole of the affected side, but without a sense of intoxication. The dose was advanced to eight grains, when the head again became affected, but without any permanent return of muscular power or sensation in the palsied limbs, or any other effect than a few occasional twitches and involuntary movements. Mr. Sheffield could not be persuaded to persevere any further, and the medicine was abandoned. He continued in the same feeble state for about three months, when he fell a sacrifice to a third apoplectic attack apparently of a much slighter kind.

I have stated that this was a case of atonic affection, and hence there was no opportunity of giving full play to the power of the nuxvomica. But so far as I have seen, I think we may come to the following conclusions: First, that when only small doses can be given without seriously affecting the head, as in cases of great general or nervous debility, the effect is a clonic instead of an entastic or tetanic spasm. Secondly, that, under this effect, it is not calculated to do any permanent good, and often produces mischief. And thirdly, that it is most serviceable in entonic hemiplegia, after the patient has been sufficiently reduced from a state of high energetic health, and especially energetic plethora, to a subdued and temperate state of pulse; in which state, it may very frequently be employed in doses sufficient to excite strong or entonic spasm.

Nervous agitation, proportioned to the mode of the disease and the strength of the patient, has often been of peculiar advantage; and hence, palsy has occasionally been carried off suddenly by a violent fit of mental emotion, as of anger * or fright †, of both which the examples are very numerous: by a stroke of lightning ‡; and by fevers. § Nor can I do otherwise than think, that one of the most rational and efficacious means of cure in many instances of paralysis,

GEN. VIII.
SPEC. VI.
Carus paralysis.
Treatment.

Apparent conclusions to be derived from the ordinary effects of nuxvomica.

Hence obvious that nervous agitation in due proportion is often of peculiar advantage; whence the disease has been carried off spontaneously by various kinds of mental emotion;

* Camerar. Memorab., cent. v. No. xxx. Paulini, cent. iii. obs. 89. Schenck, Observ., lib. i. No. clxxxii.

† Diemerbroeck, Observ. et Cur. Med. Loeffler, Beyträge sur Wundarzneykunst, band i.

‡ Wilkinson's Case of Mrs. Winder. 8vo. 1765.

§ Act. Nat. Cur., vol. v. obs. 64. Samml. Medicinischen Wahrnehmungen, band vi. p. 152.

7 GEN. VIII.
SPEC. VI.
Carus paralysis.
Treatment.

a stroke of
lightning and
fever.

On this account
a tertian ague
might probably
prove highly
efficacious, and
a journey to
the Hundreds
of Essex effect
a cure.

Collateral
opinion of
Fordyce in
confirmation of
this hint.

Hemiplegia
has sometimes
ceased sponta-
neously, and
after many
years' standing.

Paraplegia has
sometimes
received a
natural cure.

Treatment
where palsy is
local and pro-
duced by fumes
or other minute
divisions of
metallic
particles.

and especially, where no great inroad has been made upon the general strength of the constitution, would be a journey into the Hundreds of Essex or some other marshy district, for the purpose of obtaining a sharp attack of a tertian ague, which would most effectually, and I apprehend at the least expence, give us all the advantage of entastic spasm and re-action that we could wish for. In treating of the tertian intermittent, we observed from Dr. Fordyce, that it has often a tendency to carry off a variety of obstinate and chronic diseases to which the constitution has been long subject, and to restore it to the possession of a better and firmer degree of health.*

In a few cases, hemiplegia is said to have ceased spontaneously by the mere remedial energy of nature; in one instance, after ten years' standing, and accompanied with loss of voice.† And in a few cases of paraplegia from external injury to the spine, where only one or two vertebræ have in a small degree been displaced from their proper position, the same instinctive or remedial power has alone produced a cure, or greatly alleviated the mischief, by so far thickening the growth of the bones immediately above and below that the chasm has been filled up, and a line of support restored. The best artificial means of obtaining so salutary an action is by a free and laborious process of friction, vellication, or shampooing, with such intermediate exertion or exercise as the patient may be able to take.‡

It is only necessary to add further, that where local palsy has been produced by the fumes or minute divisions of lead or other noxious metals, it is almost always accompanied with symptoms of *colica rachialgia*, or painter's colic, and is to be remedied by the treatment already laid down under that disease.

* As the pathology of paralysis shows the very frequent dependence of this disease upon effusion of blood in the head, and certain morbid changes in the brain, and spinal marrow, as causes, the editor has less confidence, than the author, in the scheme here proposed.

† Bresl. Samml., 1721, pp. 406. 503.

‡ See especially, Shaw on the Nature and Treatment of Distortions to which the Spine and the Bones of the Chest are subject. 8vo. 1823.

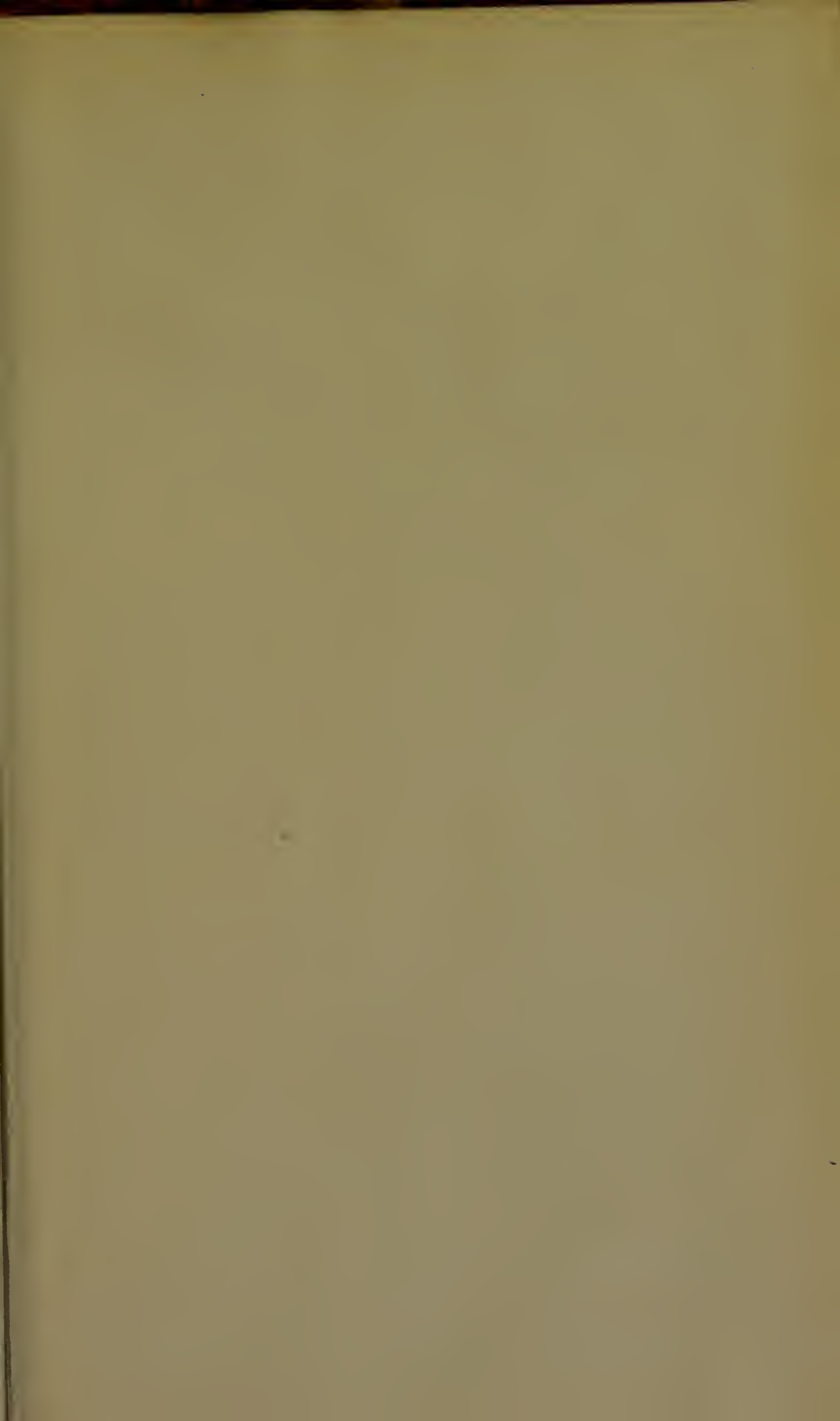
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